

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA

ANTHONY L. ADAMS (AIS# 180127),

Plaintiff,

v.

PRISON HEALTH SERVICES,
DOCTOR SIDDIQ,

Defendants.

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CASE NO. 2:07-CV-351-MEF

SPECIAL REPORT OF DEFENDANT
PRISON HEALTH SERVICES, INC.

COME NOW the Defendants, Prison Health Services, Inc. and Tahir Saddiq, M.D. (identified in the Complaint as “Doctor Siddiq”) (hereinafter collectively “PHS”), by and through counsel, and in response to the Plaintiff’s Complaint and this Court’s Order, presents the following Special Report with regard to this matter.

I. INTRODUCTION

The plaintiff, Anthony L. Adams (AIS# 180127) is currently incarcerated at the Bullock County Correctional Facility in Union Springs, Alabama. On or about April 26, 2007, Adams filed a “tort claim” asserting various “causes of action and facts in support” against Defendant PHS, the company currently contracted to provide healthcare to inmates within the Department of Corrections. Specifically, Adams claims to suffer from irregular heartbeats, bleeding ulcers, and esophageal problems that have risen to the level of a “LIFE THREATENING PREDICAMENT.” Adams demands \$500 in actual damages and \$1 million in punitive damages to end the physical pain and mental suffering allegedly caused by deficient medical treatment provided by PHS and Dr. Siddiq.

Pursuant to this Court's routine instructions, the Defendants have investigated the claims asserted by Adams to determine the facts and circumstances arising out of the Complaint. PHS submits this Special Report and supports its position with the following:

1. A certified copy of plaintiff's medical records [Exhibit "A"];
2. Certain enumerated medical records [Exhibits "A.1" through "A.14"];
3. Affidavit of Dr. Tahir Siddiq [Exhibit "B"]; and
4. Affidavit of Brandee Player, Health Services Administrator [Exhibit "C"].

These evidentiary materials establish definitively that PHS has provided appropriate medical care to Mr. Adams and that diagnostic testing and other documentation retained in the record verifies the lack of a significant medical condition or a deliberate indifference by PHS employees to a serious medical need of the plaintiff.

Furthermore, it is undisputed that prisoner Adams failed to comply with mandatory requirements under the Prison Litigation Reform Act, 42 U.S.C. §1997(e), et seq., based on the investigation by these Defendants.

II. NARRATIVE SUMMARY OF FACTS

Since 1995, Adams has been incarcerated at the Bullock County Correctional Facility in Union Springs, Alabama. On numerous occasions, as exemplified by the size of the medical records attached hereto, Adams has been seen and evaluated by Bullock County Correctional Facility's medical and nursing staff and has been provided appropriate care each time he has registered health complaints at the facility.

Adams complains in his “tort claim” that he is suffering from bleeding ulcers, bad esophagus problems that prevent him from eating food and functioning normally, and also cause him to become strangled. The medical records attached hereto do not support these allegations.

Since his incarceration at Bullock County Correctional Facility in 1995, Adams has received a litany of medical treatment relating to esophageal problems, acid reflux, difficulty swallowing, and medications related thereto. [Exhibit “A”]. In August 1995, Correctional Medical Services, the precursor to PHS, interviewed Adams and determined he had no immediate problem other than “nervousness”, but his medical history did indicate past conditions for hepatitis and stomach ulcers. [Exhibit “A.1”] Other internal screening forms dated August 28th verify complaints of “liver pain” and “rectal bleeding.” [Exhibit “A.2”]. Within six (6) months after his arrival at Bullock County Correctional Facility, Adams began a pattern of consistently refusing or failing to take his Zantac medication dealing with his esophageal problems. [Exhibit “A.3”]. The Zantac had been prescribed primarily because of the multiple complaints Adams filed relating to bleeding ulcers and esophageal problems. [Exhibit “A.4”, Exhibit “A.5”, Exhibit “A.6”, Exhibit “A.7”, Exhibit “A.8”, Exhibit “A.10”].

PHS employees have seen Adams on multiple occasions. [Exhibit “B” -- Affidavit Tahir Siddiq, M.D.]. Physicians have diagnosed him with hemorrhoids, constipation, gastritis, and gastro-esophageal reflux disease. [Id.]. Medications prescribed for these conditions include Anusol and Zantac. [Id.].

Recent complaints filed by Adams pertain to what he believes are new problems associated with these conditions. On March 26, 2007, Adams filed another Sick Call Request for medical treatment from a “free world hospital” because it had become difficult for him to swallow his food. This is similar to other sick call complaints filed by Adams over a multi-year

period. [Exhibit "A.9"] [See Exhibit "A" - sick call notes]. As a result of this complaint, PHS employees ordered a barium swallow on or about April 10, 2007, to check Mr. Adams' esophagus. [Exhibit "A.11"]. The results of the barium swallow were negative for both esophageal problems, as well as upper gastrointestinal diseases. [Exhibit "A.12", Exhibit "A.13"].

In addition to the barium swallow, PHS physicians also reviewed an upper GI series and found those results to be normal. Adams continues to receive appropriate treatment for his complaints, including prescriptions for Zantac, that are provided on a KOP basis. [Exhibit "A.13", Exhibit "A.14"].

PHS has established a two-step procedure for identifying inmate grievances at Bullock County Correctional Facility and Adams has failed to comply with these mandatory provisions prior to seeking judicial intervention regarding allegedly improper medical care. [Exhibit "C" – Affidavit of Brandee Player].

III. DEFENSES

The Defendants assert the following defenses to the Plaintiff's claims:

1. The Plaintiff/prisoner failed to comply with the mandatory requirements of the Prison Litigation Reform Act of 1995, 42 U.S.C. §1997(e), et seq. ("PLRA") and the PLRA directly applies to require that this matter be dismissed with prejudice for failing to comply with the terms and conditions of grievance procedures concerning medical issues.

2. The Defendants deny each and every material allegation contained in the Plaintiff's Complaint and demand strict proof thereof.

3. The Defendants plead not guilty to the charges in the Plaintiff's Complaint.

4. The Plaintiff's Complaint fails to state a claim against the Defendants for which relief can be granted.

5. The Defendants affirmatively deny any and all alleged claims by the Plaintiff.

6. The Plaintiff is not entitled to any relief requested in the Complaint.

7. The Defendants plead the defense of qualified immunity and avers that the actions taken by the Defendants were reasonable and in good faith with reference to clearly established law at the time of the incidents complained of by the Plaintiff.

8. The Defendants are entitled to qualified immunity and it is clear from the face of the Complaint that the Plaintiff has not alleged specific facts indicating that the Defendants have violated any clearly established constitutional right.

9. The Defendants cannot be held liable on the basis of respondeat superior, agency, or vicarious liability theories.

10. The Plaintiff is not entitled to any relief under 42 U.S.C. § 1983.

11. The allegations contained in the Plaintiff's Complaint against the Defendant, Tahir Siddiq, M.D., sued in his individual capacity, fails to comply with the heightened specificity requirement of Rule 8 in § 1983 cases against persons sued in their individual capacities. See Oladeinde v. City of Birmingham, 963 F.2d 1481, 1485 (11th Cir. 1992); Arnold v. Board of Educ. Of Escambia County, 880 F.2d 305, 309 (11th Cir. 1989).

12. The Defendants plead all applicable immunities, including, but not limited to qualified, absolute, discretionary function immunity, and state agent immunity.

13. The Defendants aver that it was at all times acting under color of state law and, therefore, they are entitled to substantive immunity under the law of the State of Alabama.

14. The Defendants plead the general issue.

15. This Court lacks subject matter jurisdiction due to the fact that even if the Plaintiff's allegations should be proven, the allegations against the Defendants would amount to mere negligence which is not recognized as a deprivation of the Plaintiff's constitutional rights. See Rogers v. Evans, 792 F.2d 1052 (11th Cir. 1986).

16. The Plaintiff's claims against the Defendants in their official capacity are barred by the Eleventh Amendment to the United States Constitution.

17. Alabama law provides tort and other remedies for the allegations made by the Plaintiff herein and such remedies are constitutionally adequate.

18. The Defendants plead the defense that at all times in treating Plaintiff it exercised the same degree of care, skill, and diligence as other physicians and nursing staff would have exercised under similar circumstances and that at no time did they act toward the Plaintiff with deliberate indifference to a serious medical need.

19. The Defendants plead the affirmative defense that the Plaintiff's Complaint fails to contain a detailed specification and factual description of the acts and omissions alleged to render them liable to the Plaintiff as required by § 6-5-551 of the Ala. Code (1993).

20. The Defendants plead the affirmative defenses of contributory negligence and assumption of the risk.

21. The Defendants plead the affirmative defense that Plaintiff's damages, if any, were the result of an independent, efficient, and/or intervening cause.

22. The Defendants plead the affirmative defense that they are not responsible for the policies and procedures of the Alabama Department of Corrections.

23. The Defendants plead the affirmative defense that the Plaintiff has failed to mitigate his own damages.

24. The Defendants plead the affirmative defense that they are not guilty of any conduct which would justify the imposition of punitive damages against them and that any such award would violate the United States Constitution.

25. The Defendants adopt and assert all defenses set forth in the Alabama Medical Liability Act § 6-5-481, et seq., and § 6-5-542, et seq.

26. The Plaintiff has failed to comply with 28 U.S.C. § 1915 with respect to the requirements and limitations inmates must follow in filing in forma pauperis actions in federal court.

27. Pursuant to 28 U.S.C. § 1915 A, this Court is requested to screen and dismiss this case, as soon as possible, either before or after docketing, as this case is frivolous or malicious, fails to state a claim upon which relief may be granted, or seeks money damages from the Defendant, Tahir Siddiq, M.D., who is a state officer entitled to immunity as provided for in 42 U.S.C. § 1997 (e)(c).

28. The Defendants assert that the Plaintiff's Complaint is frivolous and filed in bad faith solely for the purpose of harassment and intimidation and requests this Court pursuant to 42 U.S.C. § 1988 to award Defendants reasonable attorney's fees and costs incurred in the defense of this case.

29. The Plaintiff's claims are moot because the events which underlie the controversy have been resolved. See Marie v. Nickels, 70 F., Supp. 2d 1252 (D. Kan. 1999).

IV. ARGUMENT

A. Because Adams Failed to Follow the Required Grievance Procedures for Assessing Medical Complaints Prior to Filing His Lawsuit, the Prison Litigation Reform Act of 1995 Requires the Immediate Dismissal, with Prejudice, of His Complaint.

Congress passed the Prison Litigation Reform Act of 1995 (“PLRA”) in order to control frivolous prisoner lawsuits. The Act contains multiple, mandatory provisions that require the dismissal of complaints identical to those asserted by Mr. Adams.

The PLRA defines a prisoner as follows:

As used in this section, the term “prisoner” means any person incarcerated or detained in any facility who is accused of, convicted of, sentenced for, or adjudicated delinquent for, violations of criminal law or the terms and conditions of parole, probation, pretrial release, or diversionary program. 42 U.S.C. §1997e(h).

Adams admits to being incarcerated in his complaint, therefore, he meets the definition of “prisoner” as defined by the PLRA. See Boyd v. Corrections Corporation of America, 380 F.3d 989 (6th Cir. 2004).

The crux of the PLRA requires a prisoner to exhaust all internal, administrative remedies prior to filing suit. The PLRA requires that the Court on its motion or the motion of a defendant dismiss any action with respect to prisoner conditions or medical treatment upon failure to exhaust these remedies. 42 U.S.C. §1997e(a). This provision states the following:

(a) Applicability of Administrative Remedies.

No action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted. (emphasis added).

(b) Failure of State to Adopt or Adhere to Administrative Grievance Procedure.

The failure of a State to adopt or adhere to an administrative grievance procedure shall not constitute the basis for an action under 1997a or 1997c of this Title.

(c) Dismissal

The Court shall on its own motion or on the motion of a party dismiss any action brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility if the court is satisfied that the action is frivolous, malicious, fails to state a claim upon which relief can be granted, or seeks monetary relief from a defendant who is immune from such relief.

42 U.S.C. § 1997e(a)

“Administrative remedies” pursuant to this Act constitute prison or jail grievance procedures such as those identified in this Special Report. Before filing suit, the prison/plaintiff must submit his claim through this procedure and the grievance must address the specific issue upon which the suit is based. Failure to strictly follow these procedures requires dismissal of the action. Even if the prisoner/plaintiff has no knowledge regarding the existence of the procedures, this does not relieve the requirement. See Zolicoffer v. Scott, 55 F. Supp. 2d 1372 (N.D. Ga. 1999), affirmed without opinion (252 F.3d 440 (11th Cir. 2001).

In this particular case, Adams failed to follow available, required administrative procedures that existed within the Bullock County Correctional Facility. [Exhibit “C” – Affidavit of Brandee Player]. These procedures required Adams to seek administrative relief of his claim before seeking court intervention regarding his claim. His failure to follow these internal procedures concerning his medical grievances require his claim be dismissed with prejudice. Woodford v. NGO, 126 S. Ct. 2378, 165 L.Ed.2d 368 (2006).

The Woodford case is extremely instructive because the United States Supreme Court took the opportunity to clarify issues concerning the Prison Litigation Reform Act. In

Woodford, a California state prisoner challenged a disciplinary act but did so in an untimely manner, violating California's Prison Grievance System. Subsequently, the prisoner sued the system in federal court, but the district court granted the Department's Motion to Dismiss, stating the prisoner had not fully exhausted his administrative remedies, pursuant to the Prison Litigation Reform Act. On appeal, the Ninth Circuit reversed, claiming that because no administrative remedies remained available to the prisoner, he had "not exhausted them" amongst other reasons.

On appeal, the United States Supreme Court reversed the Ninth Circuit and affirmed the dismissal of the prisoner's complaint. The Court's opinion focused extensively on the "exhaustion" of available remedies and concluded that whether procedural deficiencies existed or whether a prisoner is poorly educated and unfamiliar with such proceedings, it is a requirement that administrative remedies be followed prior to litigation ensuing in federal court. Id. At 2387, 2388, 2390, 2392-2393.

Adams' case is no different from that outlined in Woodford. Adams must exhaust internal, administrative remedies before seeking redress for his complaints within the legal system. Adhering to these procedures serves a two-fold interest, (1) it allows Adams the opportunity to advise correctional officers or healthcare employees regarding his concerns and (2) it permits internal procedures to address and alleviate concerns raised by prisoners through this process. More importantly, it eliminates frivolous litigation by giving both the prisoner and the correctional facility the opportunity to be aware of complaints and address them prior to the expense of litigation.

Adams' case is definitive of the type the PLRA was designed to address. Over a period of years, Adams' multiple complaints concerning esophageal problems and upper

gastrointestinal concerns have all resulted in negative findings by physicians and diagnostic testing. Despite these results, Adams continually plagues PHS with what appear to be frivolous complaints of pain. If those complaints were valid, they are more than likely directed to Adams' failure to take physician-prescribed medication rather than inept or improper medical treatment. Under no circumstances has Adams presented any evidence that the medical care provided to him rises to the level of a deliberate indifference to a serious medical need.

B. The Plaintiff Has Failed To Prove That The Defendant Acted With Deliberate Indifference To Any Serious Medical Need.

A court may dismiss a complaint for failure to state a claim if it is clear that no relief could be granted under any set of facts that could be proven consistent with the allegations in the complaint. Romero v. City of Clanton, 220 F. Supp. 2d 1313, 1315 (M.D. Ala., 2002), (citing, Hishon v. King & Spalding, 467 U.S. 69, 73, (1984). "Procedures exist, including Federal Rule of Civil Procedure 7(a), or Rule 12(e), whereby the trial court may "protect the substance of qualified immunity," Shows v. Morgan, 40 F. Supp. 2d 1345, 1358 (M.D. Ala., 1999). A careful review of Adams' medical records reveals that he has been given appropriate medical treatment at all times. [See Exhibits "A", "A.1 – A.14" & "B"].

The Plaintiff's Complaint fails to state a claim against the Defendant with the detail and specificity required by the Alabama Medical Liability Act, ALA. CODE § 6-5-551, which provides as follows:

In any action for injury, damages, or wrongful death, whether in contract or tort, against a health care provider for breach of the standard of care, whether resulting from acts or omissions in providing health care, or the hiring, training, supervision, retention or termination of care givers, the Alabama Medical Liability Act shall govern the parameters of discovery and all aspects of the action. The plaintiff shall include in the complaint filed in the action a detailed specification and factual description of each

act and omission alleged by plaintiff to render the health care provider liable to plaintiff and shall include when feasible and ascertainable the date, time, and place of the act or acts. The plaintiff shall amend his complaint timely upon ascertainment of new or different acts or omissions upon which his claim is based; provided, however, that any such amendment must be made at least 90 days before trial. Any complaint which fails to include such detailed specification and factual description of each act and omission shall be subject to dismissal for failure to state a claim upon which relief may be granted. Any party shall be prohibited from conducting discovery with regard to any other act or omission or from introducing at trial evidence of any other act or omission. (emphasis added).

ALA. CODE § 6-5-551.

The Plaintiff's Complaint fails to state a claim against the Defendant because it fails to include a "detailed specification and factual description" of each act and omission alleged by Plaintiff to render the Defendant liable to Plaintiff; in particular, said Complaint fails to include the required statement of "the date, time, and place of the act or acts" of alleged malpractice, as required by the Act. See ALA. CODE § 6-5-551 (emphasis added).

Adams' Complaint contains hyperbole and conjecture rather than fact and evidence warranting this Court's attention. The medical chart produced herein verifies that Adams is more known for frivolous complaints than serious medical issues. Over the course of a 12-year period, PHS and its predecessor provider continually tracked upper GI and esophageal problems suffered by Adams and provided appropriate medication to treat these conditions. At no time did the treatment provided by PHS rise to a constitutional violation or that which would support a claim under the Alabama Medical Liability Act.

In order to state a cognizable claim under the Eighth Amendment, Adams must allege acts or omissions sufficiently harmful to evidence deliberate indifference to serious medical needs. See Estelle v. Gamble, 429 U.S. 97, 106 (U.S. 1976); McElligott v. Foley, 182 F.3d

1248, 1254 (11th Cir. 1999); Palermo v. Corr. Med. Servs., 148 F. Supp. 2d 1340, 1342 (S.D. Fla. 2001). In order to prevail, Adams must allege and prove that he suffered from a serious medical need, that the Defendants were deliberately indifferent to his needs, and that he suffered harm due to deliberate indifference. See Marsh v. Butler County, 268 F.3d 1014, 1058 (11th Cir. 2001) and Palermo, 148 F. Supp. 2d at 1342. “Neither inadvertent failure to provide adequate medical care nor a physician's negligence in diagnosing or treating a medical condition states a valid claim of medical mistreatment under the Eighth Amendment.” (citations omitted). [Id.].

Not every claim by a prisoner that medical treatment has been inadequate states an Eighth Amendment violation. Alleged negligent conduct with regard to inmates’ serious medical conditions does not rise to the level of a constitutional violation. Alleged medical malpractice does not become a constitutional violation merely because the alleged victim is a prisoner. See Estelle, 429 U.S. at 106, McElligott, 182 F.3d at 1254, Hill, 40 F.3d 1176, 1186 (11th Cir. 1994), Palermo, 148 F. Supp. 2d at 1342. Further, a mere difference of opinion between an inmate and the physician as to treatment and diagnosis cannot give rise to a cause of action under the Eighth Amendment. Estelle, 429 U.S. at 106-108.

The Defendants may only be liable if they had knowledge of Adams’ medical condition, Hill, 40 F. 3d at 1191, and acted intentionally or recklessly to deny or delay access to his care, or to interfere with treatment once prescribed. Estelle, 429 U.S. at 104-105. Obviously, Adams cannot carry his burden. The evidence submitted with this Special Report clearly shows that the Defendants did not act intentionally or recklessly to deny or delay medical care, or to interfere with any treatment which was prescribed or directed. The evidence demonstrates, to the contrary, that PHS employees applied the appropriate standard of care to the treatment of Mr. Adams.

Adams complained of irregular heartbeats, bleeding ulcers, and esophageal problems. [Exhibit "A"].

The Defendants are, also, entitled to qualified immunity from all claims asserted by Adams in this action. There is no argument that the Defendants were not acting within the scope of their discretionary authority. See Eubanks v. Gerwen, 40 F. 3d 1157, 1160 (11th Cir. 1994); see also Jordan v. Doe, 38 F. 3d 1559, 1566 (11th Cir. 1994). Because the Defendants have demonstrated that they were acting within the scope of their discretionary authority, the burden shifts to Adams to show that the Defendants violated clearly established law based upon objective standards. Eubanks, 40 F. 3d at 1160. The Eleventh Circuit requires that before the Defendants' actions can be said to have violated clearly established constitutional rights, Adams must show that the right allegedly violated was clearly established in a fact-specific, particularized sense. Edwards v. Gilbert, 867 F.2d 1271, 1273 (11th Cir. 1989), aff'd in pertinent part, rev'd in part on other grounds, sub nom., Edwards v. Okaloosa County, 5 F. 3d 1431 (11th Cir. 1989).

The Eleventh Circuit further requires that the inquiry be fact specific, and that officials will be immune from suit if the law with respect to their actions was unclear at the time the cause of action arose, or if a reasonable person could have believed that their actions were lawful in light of clearly established law and information possessed by the individual. See Brescher v. Von Stein, 904 F.2d 572, 579 (11th Cir. 1990) (quoting, Anderson v. Creighton, 483 U.S. 635, 640, (U. S. 1987)). The question that must be asked is whether the state of the law in 2006 gave the Defendants fair warning that its alleged treatment of Adams was unconstitutional. Hope v. Pelzer, 536 U.S. 730, 741 (U.S. 2002).

Therefore, to defeat summary judgment, Adams must be able to point to cases with “materially similar” facts, within the Eleventh Circuit, that would alert the Defendants to the fact that their practice or policy violates his constitutional rights. See Hansen v. Soldenwagner, 19 F.3d 573, 576 (11th Cir. 1994). In order for qualified immunity to be defeated, preexisting law must “dictate, that is truly compel (not just suggest or allow or raise a question about), the conclusion for every like-situated, reasonable government agent that what the defendant is doing violates federal law in the circumstances.” Lassiter v. Alabama A & M Univ., Bd. of Trustees, 28 F. 3d 1146, 1151 (11th Cir. 1994). The Defendants submit that there is no case law from the United States Supreme Court, the Eleventh Circuit Court of Appeals, or District Courts sitting within the Eleventh Circuit showing that, under the facts of this case, it was clearly established that these alleged actions violated Adams’s constitutional rights. All of Adams’ medical needs have been addressed or treated. [See Exhibits “A” & “B”]. The Defendants have provided Adams with appropriate medical care at all times and he has received appropriate nursing care as indicated for treatment of his condition.

V. CONCLUSION

The Plaintiff’s Complaint is due to be dismissed on its face, and is, further, disproven by the evidence now before the Court. All of the Plaintiff’s requests for relief are without merit. The Defendants have demonstrated both through substantial evidence and appropriate precedent that there is not any genuine issue of material fact relating to a constitutional violation, and that they are, therefore, entitled to a judgment in their favor as a matter of law. The Plaintiff’s submissions clearly fail to meet his required burden.

Accordingly, the Defendants request that this Special Report be treated and denominated as a Motion to Dismiss and/or a Motion for Summary Judgment and that this Honorable Court either dismiss the Plaintiff's Complaint, with prejudice, or enter a judgment in their favor.

Respectfully submitted,

/s/ PAUL M. JAMES, JR.
Alabama State Bar Number JAM017
Attorney for Defendants Prison Health
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CERTIFICATE OF SERVICE

I hereby certify that a copy of the above and foregoing has been served by U.S. Mail
this the 3rd day of July, 2007, to:

Mr. Anthony L. Adams (AIS # 180127)
Bullock County Correctional Facility
P. O. Box 5107
Union Springs, AL 36809-5107

/s/ PAUL M. JAMES, JR. (JAM017)
Attorney for Defendants Prison Health
Services, Inc. and Tahir Siddiq, M.D.

EXHIBIT A

AFFIDAVIT

STATE OF ALABAMA

COUNTY

I, Brandee Player, hereby certify and affirm that I am a
PNS employee, at Bullock Correctional; that I am one of the
custodian of records at this institution; that the attached documents are true, exact, and correct
photocopies of certain documents maintained here in the institutional medial file of one
Anthony Adams, AIS# 180127; and that I am over the age of
twenty-one years and am competent to testify to the aforesaid documents and matters stated
therein.

I further certify and affirm that said documents are maintained in the usual and ordinary
course of business at Bullock Correctional; and that said documents (and the entries
therein) were made at, or reasonably near, the time that by, or from information transmitted by, a
person with knowledge of such acts, events and transactions referred to therein are said to have
occurred.

This, I do hereby certify and affirm to on this the 11 day of May, 2007.



SWORN TO AND SUSBCRIBED before me on this 11th day of May, 2007.

Justine B. Person
Notary Public
My Commission Expires: 2/24/2009

Name Adams, Anthony
ID # 180127
D.O.B. 4/5/56

Medication Allergies

[illegible]

01/94

General Medical / Peptic Ulcer Chronic Care Clinic

NAME	AIS	INST	DOB	AGE	R/S	YEAR
Adams Anthony	10/27	Good	4/15/56	47	BLM	2003
DATE	5/10/03	6/12/03	7/10/03	8/07/03		

SUBJECTIVE DATA: Q MONTH

1. Appetite	fair	Good	Good	Good		
2. Abdominal pain (qualify)	NO	NO	NO	NO		
Abdominal pain (location)	NO	NO	NO	NO		
Abdominal pain (time curve)	N/A	N/A	N/A	N/A		
3. BM's (frequency)	QD	QD	QD	QD		
BM's (quality)	NL	NL	NL	NL		
4. Upper or lower blood	NONE	NONE	NONE	NONE		
5. Vomiting	NO	NO	0	0		
6. Aggravating medications	NO	NO	0	0		
7. Smoking	NO	NO	0	0		

NURSING EXAM: Q MONTH

1. BP / pulse	124/72-18	122/70-20	134/74-18	136/80-20		
2. Temperature	98.2	97.9	98.2	98.4		
3. Respiratory rate	18	20	18	20		
4. Weight	144	144	143 1/2	144		
5. Abd. tenderness (severity)	NONE	NONE	NONE	NONE		
Abd. tenderness (location)	NO	NO				
Abd. appearance	NO	NONE				
6. Edema	NONE	NONE				
7. Jaundice	NONE	NONE		NONE		

LAB TEST RESULTS (as ordered)

1. WBC, diff						
2. Amylase						
3. SGOT, SGPT						
4. Alk. phos. / bili						
5. EGD						
6. Other						

MEDICATIONS

Medication compliance	Comp	Comp	Comp	Comp		
Total time on H2 blockers	yes	yes	yes	yes		
Education and counseling	yes	yes	yes	yes		

DOCTOR EXAM Q 3 MONTHS

Abd. tenderness						
/ spleen / mass						
emocult						

PHYSICAL ASSESSMENT

INMATE NAME: <u>Adams, Anthony L.</u>	ID #: <u>180127</u>	RACE: <u>B/M</u>	D.O.B.: <u>4-5-56</u>
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TYPE OF ASSESSMENT: INTAKE: <input checked="" type="checkbox"/> OTHER: <input type="checkbox"/>	
FAMILY HISTORY: (f/father, m/mother, b/brother, s/sister)	
TB <input type="checkbox"/>	Hepatitis <input type="checkbox"/> HIV+ <input type="checkbox"/> Hypertension <input type="checkbox"/>
Cancer <input type="checkbox"/>	Asthma <u>S</u> Epilepsy/ <input type="checkbox"/> Anemia <input type="checkbox"/>
Kidney Disease <input type="checkbox"/>	Sickle Cell <input type="checkbox"/> Seizures <input type="checkbox"/> Mental Illness <input type="checkbox"/>
Diabetes <u>M</u>	Heart Disease <input type="checkbox"/> Other <input type="checkbox"/>
PHYSICAL EXAMINATION	
Normal/Not Present Please <input checked="" type="checkbox"/>	Abnormal/Comment
SKIN: Color Condition Turgor Recent injury Tatoos Scars	<input checked="" type="checkbox"/> <u>① am, ② am</u>
HEAD: Hair Scalp (pediculi)	<input checked="" type="checkbox"/>
EARS: Appearance Canals	<input checked="" type="checkbox"/>
EYES: Pupils Sclera Conjunctiva	<input checked="" type="checkbox"/>
MOUTH: Throat Tongue Tonsils	<input checked="" type="checkbox"/>
NOSE: Obstruction Drainage	<input checked="" type="checkbox"/>
NECK: Veins Mobility Thyroid Carotids Lymph nodes	<input checked="" type="checkbox"/>
CHEST (BREASTS) Configuration Auscultation Respirations Cough/Sputum	<input checked="" type="checkbox"/>
HEART: Auscultation Radial pulses Apical pulse Rhythm	<input checked="" type="checkbox"/>
EXTREMITIES: Pulses Edema Joints	<input checked="" type="checkbox"/> <u>④ 2nd toe amputation</u> <u>✓ ② ankle mo</u>
SPINE	<input checked="" type="checkbox"/>
REFLEXES	<input checked="" type="checkbox"/>
ABDOMEN: Shape Bowel sounds Palpation Hernia	<input checked="" type="checkbox"/> <u>c/o "liver pain"</u>
ANUS/RECTUM Hemorrhoids Anal warts	<input checked="" type="checkbox"/> <u>✓ c/o rectal bleeding</u>
PELVIC	<input checked="" type="checkbox"/>

VITAL SIGNS	
HT _____ WT _____ BP _____	
Pulse _____ Resp. _____ Temp. _____	
VISION (SNELLEN CHART)	GROSS HEARING
Rt: <u>20/30</u> with glasses _____	Rt: _____
Lt: <u>20/30</u> with glasses _____	Lt: _____
DENTAL SCREENING	
No. of missing teeth <u>23</u>	
Condition of teeth: poor <input checked="" type="checkbox"/> good	
Condition of gums: poor <input type="checkbox"/> healthy <u>Fair</u>	
False teeth: partial <input checked="" type="checkbox"/> plate <input type="checkbox"/> upper <input type="checkbox"/> lower	
Oral Hygiene instructions given: <input checked="" type="checkbox"/>	
IMMUNIZATION STATUS	
Date last Tetanus: <u>8-18-95</u>	
Other: _____	
TB SCREENING	
PPD: _____	
Date/Time administered: <u>8-18-95</u>	
Date/Time read: <u>8-21-95</u>	
Results (millimeters): <u>14mm</u>	
Referral for chest x-ray: <u>8-23-95</u>	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
LABORATORY TESTS	
RPR: <u>NR</u>	DATE OBTAINED: <u>8-18-95</u>
G.C.: _____	
PAP: _____	
HIV: <u>Awc</u>	<u>8-18-95</u>
PREGNANCY TEST: _____	
OTHER: _____	
COMMENTS	
REFERRAL	
<u>per c/o rectal bleeding</u>	
Assessed by: <u>mt hennery</u>	
Date: <u>8-28-95</u>	Time: <u>6:06</u>
Physician Review: <u>mt hennery</u>	
Date: _____	Time: _____

General Medical / Peptic Ulcer Chronic Care Clinic

NAME	AIS	INST	DOB	AGE	R/S	YEAR
Adams Anthony		Bullock	1/3/03	2/13/03	Bm	2002
DATE	11/02/02	12/20/02	1/3/03	2/13/03	3/11/03	4/15/03

SUBJECTIVE DATA: Q MONTH

1. Appetite	Good	Fair	Good	Good	Good	Good
2. Abdominal pain (qualify)	N/A	N/A	N/A	Dec 7th	Occ	Occ
Abdominal pain (location)	N/A	N/A	.	7th	7th-10th	7th-10th
Abdominal pain (time curve)	N/A	+	.	30 min	30 min	30 min
3. BM's (frequency)	QD	QD	.	QD	QD	QD
BM's (quality)	ML	ML	NL	NO	NO	NO
4. Upper or lower blood	NO	+	NO	NO	NO	NO
5. Vomiting	NO	+	↓	↓	↓	↓
6. Aggravating medications	NO	+	↓	↓	↓	NO
7. Smoking	NO	+	↓	↓	↓	NO

NURSING EXAM: Q MONTH

1. BP / pulse	120/74 - 76	124/78 - 72	124/78 - 80	126/70 - 74	124/72	122/74 - 78
2. Temperature	98.2	97.9	98.4	98.2	98.1	97.9
3. Respiratory rate	18	20	18	20	18	20
4. Weight	144	142	143 1/2	142	143 1/2	144
5. Abd. tenderness (severity)	N/A	N/A	N/A	N/A	N/A	N/A
Abd. tenderness (location)	N/A	↓	↓	↓	↓	↓
Abd. appearance	NON-Dis	N/Dist	↓	↓	↓	N/Dist
6. Edema	NONE	NONE	↓	↓	↓	NONE
7. Jaundice	NO	+	↓	↓	↓	+

LAB TEST RESULTS (as ordered)

1. WBC, $\times 10^3$ /mm ³						
2. Amylase						
3. SGOT, SGPT						
4. Alk. phos. / bili						
5. EGD						
6. Other						

MEDICATIONS

Zantac 150mg	cont + x	cont	→	→	→	cont
Medication compliance	comp					comp
Total time on H2 blockers	NO					NO
Education and counseling	upside					upside

DOCTOR EXAM Q 3 MONTHS

Date		
1. Abd. tenderness		
2. Liver/ spleen / mass		
3. Jaundice		
4. Rectal / Hemocult		
5. Edema		

TUBERCULOSIS CHRONIC CARE CLINIC

NAME: Adam S. Anthony AIS: 18427 INST: BICF DOB: 4-5-56 AGE: 39 R/S: 6/m YEAR:DATE: 10-10-95 11-3-95 12-6-95 3-2-96

SUBJECTIVE DATA: q mo.

1. Fever	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
2. Night sweats	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
3. Anorexia	<u>good</u>	<u>0</u>	<u>0</u>	<u>0</u>
4. Weight loss	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
5. Cough	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
6. Sputum	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
7. Hemoptysis	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
8. Nausea / Vomiting	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

NURSING EXAM: q mo.

1. B.P. / pulse	<u>124 / 76</u>	<u>120 / 70</u>	<u>120 / 74</u>	<u>118 / 74</u>
2. Respiratory rate / Temp.	<u>20 / 98.4</u>	<u>20 / 97.8</u>	<u>20 / 98.4</u>	<u>20 / 98.8</u>
3. Weight	<u>207 lbs</u>	<u>150</u>	<u>145</u>	<u>145</u>
4. PPD / Date positive	<u>8-23-95</u>	<u>8-23-95</u>	<u>8-23-95</u>	<u>8-23-95</u>
5. Nodes	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
6. General appearance	<u>good</u>	<u>0</u>	<u>good</u>	<u>good</u>
7. Jaundice	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

MD EXAM q 3 mo.

1. Cough	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
2. Sputum	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
3. Lungs	<u>15</u>	<u>15</u>	<u>15</u>	<u>15</u>
4. Chachexia	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
5. Nodes	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
6. Jaundice	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
7. Abd. exam	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

TESTS:

1. Chest x-ray	<u>8-24-95</u>	<u>8-24-95</u>	<u>8-24-95</u>	<u>8-24-95</u>
2. Sputum AFB	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
3. SGOT q mo.	<u>9-5-95</u>	<u>9-5-95</u>	<u>9-5-96</u>	<u>9-24-95</u>
4. WBC / hct	<u>8-18-95</u>	<u>0</u>	<u>0</u>	<u>0</u>

MEDICATIONS:

INH 300mg qd

Medication compliance %

Notify MD

Education and counseling

95%

TUBERCULOSIS CHRONIC CARE CLINIC					
NAME:	Adams, Anthony	AIS:	180127	INST.:	
DOB:		AGE:		R/S:	
DATE:	8/24/95				
SUBJECTIVE DATA: q mo.					
1. Fever	<input checked="" type="checkbox"/>				
2. Night sweats	<input checked="" type="checkbox"/>				
3. Anorexia	<input checked="" type="checkbox"/>				
4. Weight loss	<input checked="" type="checkbox"/>				
5. Cough	<input checked="" type="checkbox"/>				
6. Sputum	<input checked="" type="checkbox"/>				
7. Hemoptysis	<input checked="" type="checkbox"/>				
8. Nausea / Vomiting	<input checked="" type="checkbox"/>				
NURSING EXAM: q mo.					
1. B.P. / pulse	116/74 - 72				
2. Respiratory rate / Temp.	18 - 96.8				
3. Weight	142.5				
4. PPD / Date positive	8-23-95				
5. Nodes	<input checked="" type="checkbox"/>				
6. General appearance	Good				
7. Jaundice	<input checked="" type="checkbox"/>				
MD EXAM q 3 mo.					
1. Cough					
2. Sputum					
3. Lungs					
4. Cachexia					
5. Nodes					
6. Jaundice					
7. Abd. exam					
TESTS:					
1. Chest x-ray	8-95				
2. Sputum AFB					
3. SGOT q mo.	8-95				
4. WBC / hct	8-95				
MEDICATIONS:					
	INH 300	8/23/95			
Medication compliance %	100 %				
Notify MD					
Education and counseling	8-25				

TUBERCULOSIS CHRONIC CARE CLINIC													
NAME: <u>Adams, Anthony</u>		AIS: <u>180127</u>		INST.: <u>KCF</u>		DOB:		AGE:		R/S:		YEAR:	
DATE:													
SUBJECTIVE DATA: q mo. <u>8/25/95</u>													
1. Fever		<u>0</u>											
2. Night sweats		<u>0</u>											
3. Anorexia		<u>0</u>											
4. Weight loss		<u>0</u>											
5. Cough		<u>0</u>											
6. Sputum		<u>0</u>											
7. Hemoptysis		<u>0</u>											
8. Nausea / Vomiting		<u>0</u>											
NURSING EXAM: q mo.													
1. B.P. / pulse		<u>116/74 - 72</u>											
2. Respiratory rate / Temp.		<u>18 - 96.8</u>											
3. Weight		<u>142.12</u>											
4. PPD / Date positive		<u>8-95</u>											
5. Nodes		<u>0</u>											
6. General appearance		<u>Good</u>											
7. Jaundice		<u>0</u>											
MD EXAM q 3 mo.													
1. Cough													
2. Sputum													
3. Lungs													
4. Chachexia													
5. Nodes													
6. Jaundice													
7. Abd. exam													
TESTS:													
1. Chest x-ray		<u>8-95</u>											
2. Sputum AFB													
3. SGOT q mo.		<u>8-95</u>											
4. WBC / hct		<u>8-95</u>											
MEDICATIONS:													
<u>INH 300</u>		<u>8-23-95</u>											
Medication compliance %													
Notify MD													
Education and counseling		<u>8-95</u>											

PERIODIC HEALTH ASSESSMENT

I. HISTORY - (Nurse)

YES NO COMMENTS

Weight Change (>15 lb.)
(Compare Weight Below)

___ ✓

Last Weight at least 6 mo.'s.
ago: 142 # yrd ago

Persistent Cough

___ ✓

Chest Pain

___ ✓

Blood In Urine or Stool

___ ✓

Difficult Urination

___ ✓

Other Illnesses (Details)

___ ✓

C/O Occass Epi-gastric discor

Smoke, Dip or Chew

___ ✓

ALLERGIES

___ ✓

States Allergic to HaldolWeight 143 Temp. 96.5 Pulse 78 Resp. 18 B.P. 128/90

Eye Exam:

Without Glasses

OD N/A OS N/A OU N/A59 1/2

With Glasses

OD N/A OS N/A OU N/A

II. TESTING - (Nurse)

RESULTS

*Tuberculin Skin Test (q yr.)
(chest x-ray if clinical symptoms)Date Given 7/13/98Site LT. ForearmCXR
orderRead On 7/15/98Results 5mm

mm

RPR (q 3 yrs.)

Date 4/12/96Results NR

*Urine Dip (yearly)

Results 7/13/98

(Glu., Pro., RBC., WBC.)

Negative X4

EKG (baseline at 35, over 45 q 3 yrs.)

4/10/96

Cholesterol (at 35 then q 5 yrs.)

N/A

Tetanus/Diphtheria (q 10 yrs.)

Last Given 8/18/95Due 2005

If Done Today:

Site Given N/ADose N/ALot # N/A

III. PHYSICAL

RESULTS

* Heart

Regular and Even

* Lungs

Clear

Breast (q 2 yrs. p 30)

Date N/AResults N/A

Rectal (yearly p 45)

Results -N/A

With Hemocult

Results N/A-

Pelvic and PAP (q 1 yr.)

Date N/AResults N/AN/AInmate Name Adams AnthonyAIS # 180127DOB 4/5/56Age 42Race BBSex MSSN 419-84-9165Emergency Addressee Sharon AdamsPhone # (334) 414-3101Address 414 3920 BURBON Drive Mobile Ala. Apt. 101Facility BCEF Nurse Signature C. Faniel RNDate 7/13/98Physician Signature [Signature]Date 7/13/98

INITIAL SKIN TEST	
Date Given: <u>7/13/98</u>	Date Read: _____
Site Given: <u>Lt. Forearm</u>	Size: _____ mm
Lot #: <u>2468-11</u>	
Nurse: <u>C. Faniel pr</u>	Nurse: _____

I have received a fact sheet on TB and have had the opportunity to have my questions answered. I agreed to TB testing by PPD. I understand the PPD must be read 72 hours after being administered. I have never had a positive reaction to a TB skin test, nor have I ever been treated with TB drugs. I have also been instructed to check with my regular physician or the public health department if I am released prior to the TB test being read.

x Anthony Adams
Inmate Signature

7/13/98
Date

C. Faniel pr
Witness Signature

7/13/98
Date

INMATE NAME: <u>Adams Anthony</u>	ID#: <u>180127</u>	RACE: <u>Blk</u>	LOCATION: <u>BCCF</u>
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PERIODIC HEALTH ASSESSMENT

I.	HISTORY	YES	NO	COMMENTS
	WEIGHT CHANGE (>15 LBS.)	—	✓	
	PERSISTENT COUGH	—	✓	
	CHEST PAIN	—	✓	
	BLOOD IN URINE OR STOOL	—	✓	
	DIFFICULT URINATION	—	✓	
	ALLERGIES TO MEDS	✓	—	Haldol
	SMOKING	—	✓	
	OTHER ILLNESS (DETAILS)	—	✓	

II.	PHYSICAL	RESULTS
	HEART	Reg + Strong
	LUNGS	
	PELVIC AND PAP (q 1 yr.)	DATE N/A RESULTS N/A
	BREAST (q 2 yrs p 30)	DATE N/A RESULTS N/A
	WEIGHT 142 RESP. 18	B/P 120/88 PULSE 74 TEMP. 96.8
	69 1/2 inches	
	RECTAL WITH HEMOCULT	N/A
	(yearly p 45)	

III.	TESTING	RESULTS
	TUBERCULIN SKIN TEST (q yr.)	DATE GIVEN: 6/25/96 READ: 6/27/97
	RPR (q 3 yrs.)	RESULTS: 0
	URINE DIP (yearly)	DATE: 4/12/96 RESULTS: NR
	(GLU., PRO., RBC, WBC)	Negative x4
	MAMMOGRAM (40 and over q 2 yrs.)	DATE N/A
	EKG (baseline at 35, over 45, q 3 yrs)	4/10/96
	CHOLESTEROL (q 5 yrs.)	N/A
	TETANUS / DIPHTHERIA (q 10 yrs.)	8/18/95

NURSE'S SIGNATURE C. Faniel LPN DATE 7/1/97

FACILITY BCCF PHYSICIAN'S SIGNATURE [Signature]

EMERGENCY ADDRESSEE Sharon Adams TELEPHONE # (334) 342-6763

ADDRESS 216 Burwyn Drive West Apt. 30 Mobile 36608

DOB 4/5/56 AGE 41 RACE Blk SEX M SSN 419-84-9165

INMATE'S NAME Adams Anthony AIS# 180/27

TUBERCULIN PPD FOR INMATES

INITIAL SKIN TEST	
Date Given: <u>6/25/97</u>	Date Read: <u>6/27</u>
Site Given: <u>U. Forearm</u>	Size: <u>0</u> mm
Lot #: <u>2424-11</u>	
Nurse: <u>C. Faniel RN</u>	Nurse: <u>C. Faniel RN</u>

I have received a fact sheet on TB and have had the opportunity to have my questions answered. I agreed to TB testing by PPD. I understand the PPD must be read 72 hours after being administered. I have never had a positive reaction to a TB skin test, nor have I ever been treated with TB drugs. I have also been instructed to check with my regular physician or the public health department if I am released prior to the TB test being read.

X Anthony Adams
Inmate Signature

6/25
Date

C. Faniel RN
Witness Signature

6/25
Date

INMATE NAME: <u>Adams Anthony</u>	ID#: <u>180/25</u>	RACE: <u>Blk</u>	LOCATION: <u>BCCF</u>
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PERIODIC HEALTH ASSESSMENT

I	HISTORY	YES	NO	COMMENTS
	WEIGHT CHANGE (>15 LBS.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	↓ appetite
	PERSISTENT COUGH	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	CHEST PAIN	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	BLOOD IN URINE OR STOOL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Hemorrhoids
	DIFFICULT URINATION	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	ALLERGIES TO MEDS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hall's
	SMOKING	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	OTHER ILLNESS (DETAILS)	<input type="checkbox"/>	<input type="checkbox"/>	

II	PHYSICAL	RESULTS
	HEART	80 BPM
	LUNGS	clear
	PELVIC AND PAP (q 1 yr.)	DATE <u>N/A</u> RESULTS <u>N/A</u>
	BREAST (q 2 yrs p 30)	DATE <u>N/A</u> RESULTS <u>N/A</u>
	WEIGHT <u>139</u> RESP. <u>80</u>	B/P <u>120/80</u> PULSE <u>80</u> TEMP. <u>98.6</u>
	HT <u>5'10"</u>	
	RECTAL WITH HEMOCULT (yearly p 45)	<u>N/A</u>

III	TESTING	RESULTS
	TUBERCULIN SKIN TEST (q yr.)	DATE GIVEN: <u>4/19/96</u> READ: <u>NEG</u>
	RPR (q 3 yrs.)	RESULTS <u>NR</u>
	URINE DIP (yearly)	DATE: <u>4/12/96</u> RESULTS: <u>NR</u>
	(GLU., PRO., RBC, WBC)	<u>neg x4</u>
	MAMMOGRAM (40 and over q 2 yrs.)	DATE <u>N/A</u>
	EKG (baseline at 35, over 45, q 3 yrs)	<u>4/11/96</u> Borderline ECG
	CHOLESTEROL (q 5 yrs.)	<u>7/19/96</u>
	TETANUS / DIPHTHERIA (q 10 yrs.)	<u>8/18/95</u>

NURSE'S SIGNATURE M. Smith hp DATE 7/19/96

FACILITY BCC PHYSICIAN'S SIGNATURE Jim

EMERGENCY ADDRESSEE 216 Berwyn Drive West #30 TELEPHONE # 342-4763

ADDRESS Sharon Adams (Sister)

DOB 9/5/56 AGE 40 RACE B SEX M SSN 419-84-9165

INMATE'S NAME Adams Anthony AIS# 180127

INITIAL SKIN TEST	
Date Given: <u>7/19/96</u>	Date Read: _____
Site Given: <u>2413 (Forearm)</u>	Size: _____ mm
Lot #: <u>2413-11</u>	
Nurse: <u>A Hall Smith Lpn</u>	Nurse: _____

I have received a fact sheet on TB and have had the opportunity to have my questions answered. I agreed to TB testing by PPD. I understand the PPD must be read 72 hours after being administered. I have never had a positive reaction to a TB skin test, nor have I ever been treated with TB drugs. I have also been instructed to check with my regular physician or the public health department if I am released prior to the TB test being read.

Anthony Adams
Inmate Signature

7/19/96
Date

A Hall Smith Lpn
Witness Signature

7/19/96
Date

INMATE NAME: <u>Anthony Adams</u>	ID#: <u>180127</u>	RACE: <u>B/m</u>	LOCATION: <u>BCC 7</u>
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INHU TREATMENT PLAN

NAME:

Adams, Anthony

DATE:

AISE:

3/21/96180127

I. SIGNIFICANT BACKGROUND INFORMATION

Hx of mental health hospitalization(☒)Yes(☐)No. Hx of mental health problems with DOC(☒)Yes(☐)No. Hx of self-injury(☒)Yes(☐)No. Hx of aggressive or violent behavior(☒)Yes(☐)No. Other: _____

II. CURRENT MENTAL STATUS

(☒)Mild(☐)Moderate(☐)Severe depression. (☐)No reported depression.(☐)Mild(☐)Moderate(☐)Severe anxiety. (☒)No reported anxiety. Thought disorder(☐)Yes(☒)No. Behavior problem(☐)Yes(☒)No. Other: _____

III. TREATMENT GOALS

1. Exploration: Help S explore his life and present situation. _____
2. Understanding: Help S understand his life and present situation. _____
3. Action: Help S develop an action plan which will solve or reduce one or more of his problems. _____
4. _____
5. _____

IV. PROGRAMS AND/OR SERVICES NEEDED TO REACH TREATMENT GOALS

Meditation and Current Events/ DOC Social Workers. _____

Depression Management/ DOC Social Workers. _____

Coping Skills and Counseling/ DOC Social Workers and OCI Psychologist. _____

Anger Management/ DOC Psychologist. _____

Stress Management/ DOC Psychologist. _____

Medication Management/ DOC Social Workers. _____

Gardening/ DOC Security Staff. _____

Exercise/ DOC Security Staff. Other: _____

V. STATEMENT OF PARTICIPATION IN TREATMENT PLAN

I have been made aware of and did aid in this treatment plan.

Signed: Anthony Adams

Date:

3/19/96

Priscilla Turner
Social Worker :

Deborah Gilbert
OCI Psychologist

Mark Adams
Director of INHU

Distribution:

Institutional file
Medical file

NAPHCARE

Annual Health and TB Screening for InmatesFacility BullockDate Given: 5-31-01Date Read 5-31-01Site Given: CXRSize in M.M. CXRLot# INH In pastNurse Martha Jackson LPNNurse Martha Jackson LPN

Note: **Past Positives and conversions**, use Assessment of Tuberculin status for PPD reactors form in addition to completing the bottom of this form.

I have received a fact sheet on TB and have had the opportunity to have my questions answered. I agreed to testing by PPD. I understand the PPD must be read 72 hours after being administered. I have never had a positive reaction to a TB skin test, nor have I ever been treated with TB drugs. I have also been instructed to check with my regular physician or the public health department if I am released prior to the TB test being read.

Current Weight 150 Previous Weight 154 B/P 120/78

	Recent chest pain	Yes or <u>No</u>
	Kitchen clearance assess. done and attached	Yes or <u>No</u>
	Productive cough	Yes or <u>No</u>
	Any bleeding	Yes or <u>No</u>

Emergency contact Sharon Adams Phone# 334-414-3101Address 3920 Sarays Drive Apt. 101
Mobile Al.Inmate signature Anthony Adams Date 6-2-01Witness signature Martha Jackson LPN Date 6-2-01DOB 4-5-56 AGE 45 Race BLK SEX M SSN 419-84-9165Inmate Name Adams, Anthony AIS# 180127

PERIODIC HEALTH ASSESSMENT

I. HISTORY (Nurse)

YES NO COMMENTS

Weight Change (> 15 lbs.)
(Compare Weight Below)

Last Weight at least 6 mo.'s
ago: 147 1/2 last year

Persistent Cough

Occ

Chest Pain

Blood In Urine or Stool

Difficult Urination

Other Illnesses (Details)

Bleeding ulcers

Smoke, Dip, or Chew

ALLERGIES

HaldalWeight 151Temp 97.4Pulse 76Resp 18B.P. 126/74

Eye Exam:

Without Glasses

OD 20/30OS 20/30OU 20/30

With Glasses

OD _____

OS _____

OU _____

II. TESTING (Nurse)

RESULTS

Tuberculin Skin Test (q year)

Date Given CXRSite H7 of FNH 199

(Chest X-Ray if Clinical Symptoms)

Read On 6-27-99Results NA mm

RPR (q 3 years)

Date 7-1-99Results NR

Urine Dip (yearly)

Results 6-24-80

(Glu., Pro., RBC, WBC)

Negative x4

EKG (baseline at 35, over 45 q 3 yrs)

4-11-90

Cholesterol (at 35 then q 5 yrs.)

7-19-96

Tetanus/Diphtheria (q 10 yrs)

Last Given 8-18-95Due 2005

If Done Today:

Site Given NADose NALot # NA

Mammogram (Annually Fe > 49)

Date Done NA

Results _____

III. PHYSICAL

RESULTS

Heart

Regular + Strong

Lungs

Clear Bilaterally

Breast (q 2 years p 30)

Date NA

Results _____

Rectal (yearly p 45)

Results NA

Hemocult _____

Pelvic and PAP (q 1 yr.)

Date NA

Results _____

Inmate Name

Adams, Anthony

AIS #

180127

DOB

4-5-56

Age

44

Race

BLK

Sex

M

SSN

419-84-9165

Emergency Addressee

Sharon Adams

Phone #

334-414-3101

Address

3920 Burdett DrMobile, AL Apt. 101

Facility (Bullock County) Nurse Signature

Martha JacksonDate 6-24-00

Physician Signature

[Signature]Date 6-24-00

8/1/98

PERIODIC HEALTH ASSESSMENT

I. HISTORY - (Nurse)

	YES	NO	COMMENTS
Weight change (>15lb) (Compare Weight below)		✓	last weight at least 6 mo's ago: 143# yr ago
Persistent Cough	✓		Occass
Chest Pains		✓	
Blood In Urine or Stool		✓	
Difficult Urination		✓	
Other Illnesses (Details)	✓		Past Hx of Bleeding Ulcers
Smoke, Dip or Chew	✓	✓	States "Any Type of Pain Kill"
ALLERGIES	✓		

Weight 147 1/2 Temp 97.8 Pulse 72 Resp. 18 B.P. 118/88
 Eye Exam: Without Glasses OD 20/25 OS 20/25 OU 20/25
 With Glasses OD — OS — OU —

II. TESTING - (Nurse)

RESULTS

Tuberculin Skin Test (q yr)
 (chest x-ray if clinical symptoms)

*RPR (q 3 yrs.)

Urine Dip.(yearly)
 (Glu., Pro., RBC., Wbc.)

EKG (baseline at 35, over 45 q 3 yrs.)

Cholesterol (at 35 then q 5 yrs)

Tetanus/Diphtheria (q 10 yrs.)

If Done Today: Site Given N/A Dose N/A Lot# N/A

Mammogram - (Annually - Female > 49)

Date Given CXR Site LNH Taken 1996
 Read On Results mm
 Date 7/1/99 Results
 Results Negative X 4
 4/10/96
 7/19/96 155 mgd
 Last Given 8/18/95 Due 2005
 Site Given N/A Dose N/A Lot# N/A
 Date Done N/A Result N/A

III. PHYSICAL

Heart

Lungs

Breast (q 2 yrs. P 30)

Rectal (yearly p 45)

Pelvic and PAP (q 1 yr.)

RESULTS

Regular & Strong
 Clear Bilat

Date N/A Results N/A
 Results N/A Hemocult N/A
 Date N/A Results N/A

Inmate Name Adams Anthony AIS# 180127
 DOB 4/3/56 Age 43 Race BIK Sex M SSN 419-84-9165
 Emergency Addressee Sharon Adam Phone# (334) 414-3101
 Address 3920 BURWYN DRIVE Mobile ALA 366101
 Facility BCCF Nurse Signature C. Daniels Date 7/1/99
 Physician Signature [Signature] Date 7/1/99

HAIRNETS

1. Put hairnet on before washing hands.
2. Be sure to include all hair, especially bangs on the front of the head.
3. Do not touch hair or hairnet when handling food.

HANDWASHING

1. Turn warm water on.
2. Wet hands.
3. Lather hands with soap. Scrub at least 30 seconds.
4. Rinse off bar of soap. Replace in soap dish.
5. Rinse hands.
6. Dry hands with paper towels.
7. Turn faucet off with paper towels.

SICKNESS

Tell kitchen officer if you feel ill, or if you have diarrhea or a rash.

I have received education on handwashing and personal hygiene, and I understand the need for both, especially when handling food on kitchen detail.

Anthony Adams
Inmate Signature

6/7/02
Date

Gloria Rogers
Nurse Signature

6/7/02
Date

INMATE FOOD SERVICE WORKER CLEARANCE

MEDICAL RECORD REVIEW:

Past history of hepatitis:

TB test current:

TB test negative:

<input checked="" type="radio"/> Yes	<input type="radio"/> No
<input checked="" type="radio"/> Yes	<input type="radio"/> No
<input checked="" type="radio"/> Yes	<input type="radio"/> No

If history of positive TB test, verified completed treatment:

____ (Date)

PHYSICAL ASSESSMENT:

Open sores or rashes on hands, arms, face and neck:

Has diarrhea:

Has a cough:

Lungs clear to auscultation:

Signs and symptoms of other contagious diseases:

<input type="radio"/> Yes	<input checked="" type="radio"/> No
<input type="radio"/> Yes	<input checked="" type="radio"/> No
<input type="radio"/> Yes	<input checked="" type="radio"/> No
<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> No
<input type="radio"/> Yes	<input checked="" type="radio"/> No

Specify: _____

This inmate's Medical Record has been reviewed and he/she has been examined:

☒ He/she IS medically cleared for duty as a food service worker.☒ He/she IS NOT medically cleared for duty as a food service worker.

Maria Rogers
Signature

6/17/07
Date

NAME:

Adams, Anthony

ID# / DOB:

180127 4/5/56

LOCATION:

22-11

RECEIVING SCREENING FORM

INMATE NAME: Adams, Anthony DATE: 8/17/95 TIME: 11:50 AM
 DOB: 4-5-56 OFFICER: A. Gibson INSTITUTION: Kilby

RECEIVING OFFICERS VISUAL OPINION

	YES	NO
Is the inmate conscious?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the inmate have any obvious pain or bleeding/other symptoms suggesting the need for doctors care?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there any visible signs of trauma or illness requiring immediate emergency or doctor's care?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Any obvious fever, jaundice, or other evidence of infection which might spread through the institution?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is the skin in poor condition or show signs of vermin or rashes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Does the inmate appear to be under the influence of alcohol, or drugs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there any signs of alcohol or drug withdrawal? (Extreme perspiration, shakes, nausea, pinpoint pupils etc)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Is the inmate making any verbal threats to staff or other inmates?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is the inmate carrying any medication or report that he is on any medication which must be continuously administered or available?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the inmate have any obvious physical handicaps?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

FOR THE OFFICER:

Was the new inmate briefed on sick/dental call procedures? ☒ ☐

This inmate was: ☒ a. Released for normal processing
☒ b. Referred to health care unit

☐ c. Immediately sent to the health care unit

A. Gibson
 Officers Signature

NOTE: This form is completed at receiving and will be filed in the inmates medical jacket to comply with NCCHC Standard

CORRECTIONAL MEDICAL SYSTEM
CONSENT TO TREATMENT FORMAdams, Anthony
Name of Inmate8/18/95
Date180727 4/5/56
Inmate ID Number / Date of Birth

I hereby give my consent to Correctional Medical Systems, its employees and agents to perform any diagnostic laboratory procedures, examinations, x-rays, oral or injected medications or other procedures recommended by the physician.

I am aware the practice of medicine is not an exact science and I acknowledge no guarantees have been made regarding the result of treatments or examinations performed by Correctional Medical Systems.

I also authorize the transfer of my medical records or copies of said records to any facility to which I am referred for treatment or to any other correctional facility to which I am transferred.

I understand I may withdraw this consent to any specific treatment by refusing the treatment or test.

I sign this willingly in full understanding of the above and release Correctional Medical Systems, its employees and agents from any and all liability which may arise from this action.

Anthony L. Adams
Inmate Signature8/18/95
DateAmanda Andrews LPN
WitnessShirley June
Witness

CMS

CORRECTIONAL
MEDICAL SERVICES

WHAT YOU NEED TO KNOW ABOUT TETANUS

Tetanus, sometimes called lockjaw, is a very serious disease that can occur after a cut or wound lets the germ into the body. Tetanus makes a person unable to open his or her mouth or swallow, and causes serious muscle spasms. People with tetanus usually have to stay in the hospital for a long time. In the United States, tetanus kills 3 out of every 10 people who get the disease. Since 1975, only 50 to 90 cases of tetanus have been reported each year.

Tetanus vaccines cause few problems. They may cause mild fever or soreness, swelling, and redness where the shot was given. These problems usually last for 1 to 2 days.

There is a rare chance that other serious problems or even death could occur after getting Tetanus. Such problems could happen after taking any medicine or after receiving any vaccine.

I have read the above information regarding Tetanus injections and understand about possible side effects.

Anthony L. Adams #180127
Inmate Signature / AIS #

8/18/95
Date

Shirley Turner
Witness

Cannough
Manufacturer Name

SC71122 EXP 20 Mar 97
Lot #

Amanda Andrews RN
Administered By

N610

ALABAMA DEPARTMENT OF CORRECTIONS

RECEIVING SCREENING FORM

Inmate's Name: ANTHONY ADAMS Date: 9-5-95 Time: 12:32 A
 DOB: 4/5/56 Officer: BROWN Institution: B.C.C.F.

Booking Officer's Visual OpinionYesNo

1. Is the inmate conscious?
2. Does the inmate have any obvious pain or bleeding/other symptoms suggesting the need for emergency services?
3. Are there any visible signs of trauma or illness requiring immediate emergency treatment or doctor's care?
4. Any obvious fever, swollen lymph nodes, jaundice, or other evidence of infection which might spread through the institution?
5. Is the skin in poor condition or show signs of vermin or rashes?
6. Does the inmate appear to be under the influence of alcohol or drugs?
7. Are there any visible signs of alcohol or drug withdrawal? (extreme perspiration, shakes, nausea, pinpoint pupils, etc.)
8. Is the inmate making any verbal threats to staff or other inmates?
9. Is the inmate carrying any medication or report that he is on any medication which must be continuously administered or available?
10. Does the inmate have any obvious physical handicaps?

If the answer is YES to any questions from 2-10 above, specify WHY in section below.

11. Are you presently taking medication for diabetes, heart disease, seizure, arthritis, asthma, ulcers, high blood pressure or psychiatric disorder?
12. Are you on any special diet prescribed by a physician? (if YES, what type?)
13. Do you have a history of venereal disease or abnormal discharge?
14. Have you recently been hospitalized or recently seen a medical or psychiatric doctor for any illness?
15. Have you ever attempted suicide?
 (If YES, When? How?)
16. Do you want to do any harm to yourself now?

PATIENT CAN DESCRIBE OR EXPLAIN:

DATE:

20/03	1/30/03	2/13/03	3/11/03
-------	---------	---------	---------

- [illegible]

Comments:

Peptic ulcer

PATIENT EDUCATION FOR GENERAL MEDICAL / SPECIAL NEEDS

NAME: Adams, Anthony AIS#: 180127 INSTITUTION: Bulllock

PATIENT CAN DESCRIBE OR EXPLAIN:

DATE:

1. His or her special needs
2. Cause of special needs
3. What, if any, treatments are available
4. The potential complications of his or her condition
5. Importance of keeping follow-up appointments
6. The effect of smoking on his or her condition
7. The effect of alcohol on his or her condition
8. The effect of exercise on his or her condition
9. Own medications
10. Importance of taking medication(s)
11. Ways to remember to take medication(s)

4/15/03	5/10/03	6/1/2	7/10/03
yes	yes	yes	yes
yes	yes	yes	yes
			yes
			yes
			yes
			yes
			yes
			yes
			yes
			yes
yes	yes	yes	yes

Comments:

HEALTH CARE UNIT
PATIENT INFORMATION SLIP

KCF

INSTITUTION

W9

ADAMS, ANTHONY

NAME

180127

NUMBER

R/S

Lay-in for _____ days from _____ to _____

(date)

due to _____

(date)

Instructions:

REPORT TO THE ER ON 8/25/95 @

0600, FOR CHRONIC CARE CLINIC.

Failure to follow the directions above may result in a disciplinary.

8/24/95

Date Issued

P. Evans, RN, BSN, DON

Signature

F-53

12
mice

NAME Adams, Anthony NUMBER 180127 R/S _____

Lay-in for _____ days from _____ to _____

(date)

due to

(date)

This was sent to the cattle Ranch from Kelly in order.

Instructions: REPORT TO THE MENTAL HEALTH CLINIC

ON 8-30-85 WITH MS. WILSON AT 1¹⁵ pm

Failure to follow the directions above may result in a disciplinary.

Date Issued 8-29-85 C. LOPEZ RN
M.H. SUPERVISOR
Signature [Signature]

INSTITUTION

Adams, Anthony NAME 18197 NUMBER 5/1 R/S

Lay-in for _____ days from _____ to _____
(date)

_____ due to _____
(date)

Instructions:

Minby Susp. 26 and

take 4000 T2D X 90 days

Failure to follow the directions above may result in a disciplinary.

5-17-96 Date Issued ASaca / G. H. S. Signature

F-53

Beet
INSTITUTION

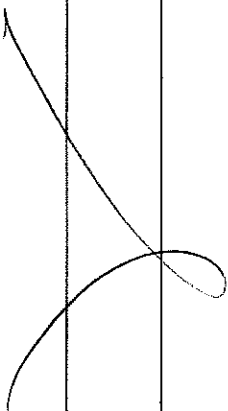
NAME Adams, Anthony NUMBER 180127 R/S B/M

Lay-in for _____ days from _____ to _____

(date) _____ due to _____ (date)

Follow-Up Visit on Thursday,
August 15, 1996 → come to see

Instructions: Dr. Dean for Re-Evaluation



Failure to follow the directions above may result in a disciplinary.

Date Issued 8/1/96 Signature Robert H

INSTITUTION

James Anthony NAME *180127* NUMBER R/S

Lay-in for _____ days from _____ to _____

(date)

due to

(date)

Instructions:

Alabatic Diet for

90 days (new until)

November 5, 1996)

Failure to follow the directions above may result in a disciplinary.

Date Issued

Signature

F-53

NAME Anthony Adams NUMBER 180127 R/S BM

Lay-in for 2 days from 7/31/02 to _____

(date)

8/02/02 due to _____

(date)

May not work for 2 days.

Instructions:

~~_____~~
~~_____~~
~~_____~~
~~_____~~
~~_____~~

Failure to follow the directions above may result in a disciplinary.

Date Issued 7/31/02 Signature R. Smith DCU

INSTITUTION

NAME Adams Anthony NUMBER 180127 R/S WJA

Lay-in for _____ days from _____ to _____

(date)

due to

(date)

Instructions:

No food in kitchen X 6 months
12-18-03 - 6-18-04

Failure to follow the directions above may result in a disciplinary.

Date Issued

12-19-03

Signature

M. Jackson

INSTITUTION

NAME

Adams, Anthony

NUMBER

180127

R/S

Bm

Lay-in for

days from

(date)

to

due to

(date)

No work in the kitchen
X 6 months. 06/20/03 - 12/20/03

Instructions:

Failure to follow the directions above may result in a disciplinary.

Date Issued

06/20/03

Signature

Anthony Adams

NAME Adams Anthony NUMBER 180127 R/S

Lay-in for _____ days from _____ to _____

(date)

due to

(date)

No work in kitchen due
to stomach upset.

Instructions:

Failure to follow the directions above may result in a disciplinary.

Date Issued 11/13/03 Signature Dr. Sedig Robb

NAME Courtney Collins NUMBER 180107 R/S 3m

Lay-in for _____ days from _____ to _____

(date)

due to

(date)

Instructions:

No work in

Kitchen due to stomach

ulcers. X180 days

1/13/03 - 7/13/08

Failure to follow the directions above may result in a disciplinary.

Date Issued

Jan 15, 03

Signature

Dennette

INSTITUTION

NAME Adams, Anthony NUMBER 180127 R/S BK

Lay-in for _____ days from _____ to _____

_____ (date)

due to

(date)

Instructions:

Come to court

on Wednesday, July 31, 2002

at 7AM to see MD.

Failure to follow the directions above may result in a disciplinary.

Date Issued 7/30/02 Signature [Signature]

NAME Adams, Anthony NUMBER 180127 R/S B/m

Lay-in for _____ days from _____ to _____

due to

(date)

(date)

Diabetic Diet & his snack

X 90 days

orders per Dr. Jean

Instructions:

Failure to follow the directions above may result in a disciplinary.

Date Issued

11/3/96

Signature

B. Jean Jr.

W-3

ADAMS, ANTHONY
NAME
180127
NUMBER
R/S

Lay-in for _____ days from _____ to _____
(date) (date)
due to _____
(date)

Instructions: REPORT TO THE MENTAL HEALTH CLINIC

ON 8-24-95 WITH DR. SANDERS AT 0700

Failure to follow the directions above may result in a disciplinary.

8/23/95
Date Issued
C. LOPEZ RN
M.H. SUPERVISOR
Signature

F-53

W-1

ADAMS, RUTHANN NAME 180187 NUMBER R/S

Lay-in for _____ days from _____ to _____

(date)

due to

(date)

Instructions:

REPORT TO LRS ON

8/30/95 AT 2500

Failure to follow the directions above may result in a disciplinary.

P. EVANS, RN BSN DON / PE

Date Issued 8/29/95 Signature

DIET CARD

NO. 180127

NAME Adams, Anthony WARD BCEF
DIET Bland Diet x 30 days
DIAGNOSIS REQUIRING DIET GERD
START DATE 3/12/96 STOP DATE 4/12/96
PHYSICIAN / BY Cwest / B. Penn LPN

F-54 Rev 1-94

Original-Dietary, Ivory-Imate

Adams



INFIRMARY NURSING PROGRESS NOTES

Date/Time	
7/10/04	S- No verbal C/O. ———
0820	O- Alert & verbal, up & ab. P.O. intake good, Output good, Psg assessment done. No verbal C/O. ———
	A- Altered health status R/T dx ———
	P- Monitor as follow plan of care. E. Freeman
7/10/04	S- No verbal C/O.
1630	O- A+Ox3. UP ad lib in cell. P.O. intake & output good skin WNL. No acute distress noted. ———
	A- All in health status R/T dx. ———
	P- CONT P.O.C. ——— A. Powell RN
7/11/04	S- NO complaint voiced @ this time
0630	O- No S/S acute distress noted @ present. Skin WNL. No acute distress noted. ———
	A- All comfort level R/T health status
	P- Monitor/ill cont. ——— D. Chang
7/11/04	S- No verbal C/O. ———
8AM	O- Remains on resp isolation. P.O. intake good. Output good. Psg assessment done. NAD. ———
	A- Altered health status R/T dx. ——— E. Freeman RN
7/11/04	S- No verbal complaints @ present time. ———
1700	O- A+Ox3. Up & ab in cell. Resp reg. & ease. No acute distress noted. Remains on resp isolation. ———
	A- Altered health status R/T dx. ———
	P- Cont plan of care. ——— Ad/Willis RN



PRISON
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INFIRMARY NURSING PROGRESS NOTES

Date/Time	
7-7-04 1500	<p>S - "I ready to go," "I thought we'll be out of here before now."</p> <p>A - Alert et orient x3. Skin w/D to touch. Resp reg to ease. Ambulate in cell ad lib. NAD NOTED</p> <p>A - altered health status R/T Dx.</p> <p>P - CONTINUE Plan of care. ———— U Owens</p> <p>S - 0 verbal complaints</p> <p>O - A+O x3. Ambulate in cell ad lib. Distress NOTED</p> <p>A - Altered health status R/T Dx</p> <p>P - POC Continue ———— RB Bynum</p>
7/8/04 730	<p>S - no verbal complaint voiced present</p> <p>A - Lying supine in bed, eyes closed. Resp. reg to ease. NAD noted</p> <p>A - alt. Resp. Status R/T Dx TB</p> <p>P - will continue Plan of Care ———— S. Waymire</p>
7/8/04 1835	<p>S - no verbal complaint</p> <p>S - no changes noted in several conditions. NAD noted. Remain in isolation on TB precautions. See daily nursing assessment.</p> <p>A - POC & comfort R/T Dx</p>



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INFIRMARY NURSING PROGRESS NOTES

Date/Time											
6/23/04	S - no verbal complaint voiced & present 0700 D - Resting quietly & eyes closed, Resp reg & ease NAD A - act. Resp. status R/T/T TB P - will cont plan of care — S. Vaughn/PM										
6/24/04	S - No CO voiced. O - Asleep in bed, easily aroused. AAOB. Resp reg & ease. Skin w/p to touch. No S/S distress noted A - alt health maint & x/x P - cont plan — K. Gifford/CP										
6/24/04	S - NO CO'S VOICED 2010 P - Resting quietly Resp & ease, skin w/p to touch. AAOB. No acute distress noted A - Alt 'BC' R/T/DK P - Continue plan of care - G. Yocel										
6/28/04	S - No CO voiced. 11p-7A O - Asleep in bed, resp reg & ease. Skin w/p to touch. No S/S distress noted. A - Alt Health Maint. P - cont plan — K. Gifford/CP										
6/28/04	S - NO CO VOICED HA S - NO CHARGES NOTED IN GENERAL CONDITION AT THIS WRITING NAD NOTED. Remains										
<table border="1"> <thead> <tr> <th>INMATE NAME (LAST, FIRST, MIDDLE)</th> <th>DOC#</th> <th>DOB</th> <th>R/S</th> <th>FAC.</th> </tr> </thead> <tbody> <tr> <td>Adams, Anthony</td> <td>180127</td> <td>4/5/56</td> <td>B/m</td> <td>KCF</td> </tr> </tbody> </table>		INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	R/S	FAC.	Adams, Anthony	180127	4/5/56	B/m	KCF
INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	R/S	FAC.							
Adams, Anthony	180127	4/5/56	B/m	KCF							



INFIRMARY NURSING PROGRESS NOTES

Date/Time	
6/27/04 0210	S-I'm sleepy O-alert & verbal, remains on Contact isolation for T.B. precautions A-potential alt. in comfort R/T dx. P-Continue P.O.C. <i>Shogoh</i>
6/27/04 0915	S-No verbal dx. @ this time. O-Alert & oriented. Remains on resp. isolation. Up & lib. PO intake good, output good. No acute distress. Resp. assessment done. A-Altered health status R/T dx. P-Monitor ex facies plan of care. <i>Fullerton</i>
6/27/04 1800	S-No complaints noted @ present. O-A+O x 3, color WNL. Up & lib in cell. Remains on resp. isolation. No acute distress noted. A-Altered health status R/T dx. P-Cont plan of care. <i>Attilio LPA</i>
6/28/04 0200	S-no comments O-Resting quietly on rounds; continue isolation tx. for T.B. no distress noted A-potential alt. due to dx. P-Continue P.O.C. <i>Shy</i>

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	R/S	FAC.
Adams, Anthony	180127	4/5/56	Bm	KCF



INFIRMARY NURSING PROGRESS NOTES

Date/Time	
	A: Pat alt in comfort RT DX.
	P: Cont POC. A Jackson, RN.
7/5/04	S: NO CB voiced @ Present.
12AM	O: Resting in bed. Resp even & @ base. Skin color. No acute distress noted.
	A: Pat alt in comfort RT DX.
	P: Cont POC. A Jackson, RN.
7/5/04	S - no verbal complaint voiced @ present.
0700	O - Resting quietly in bed, eyes closed.
	Resp. reg. & @ base WAD.
	A - alt. Resp. status RT DX.
	P - will cont plan of care. S. Vang, RN.
7/5/04	S - no verbal complaints at present.
	O - AAOX3. Vt Ad Lib in iso cell. Skin WNL. Apperite good.
	medications given as per ordered, Resp Iso maintained, NAD.
	A - Alt in health status RT DX.
	P - cont POC. A. Baswell RN
7/06/04	S - None voiced at this time.
11p-7A	O - Asleep in bed, easily aroused. AAOX3. Resp reg.
	@ base. No S/S distress noted.
	A - Alt health Maint R/T DX.
	P - cont plan of care. K. Flynn



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INFIRMARY NURSING PROGRESS NOTES

Date/Time	
7/1/07	no charges noted in cont general condition see daily nursing assessment - A - Alt health maintenance B/DX 13 D - Continue current -
7/1/07	POC
7/1/07	no charges noted in general condition at this writing. NAD noted. See daily nursing assessment - A - Alt health maintenance B/DX 13 D - Continue current POC
7/1/07	no charges noted in general condition at this writing. NAD noted. See daily nursing assessment - A - Alt health maintenance B/DX 13 D - Continue current POC
7/1/07	no charges noted in general condition at this writing. NAD noted. See daily nursing assessment - A - Alt health maintenance B/DX 13 D - Continue current POC
7/1/07	no charges noted in general condition at this writing. NAD noted. See daily nursing assessment - A - Alt health maintenance B/DX 13 D - Continue current POC
7/1/07	no charges noted in general condition at this writing. NAD noted. See daily nursing assessment - A - Alt health maintenance B/DX 13 D - Continue current POC



INFIRMARY NURSING PROGRESS NOTES

Date/Time	
6/18/04 1300	S - no c/o voiced O - no changes noted General condition at this writing NAD noted. See daily nursing assessment. + pt at comfort R/T hosp stay P - Continue current POC
6/19/04 4A	S/O: Voices & Compliments. Pt lying on bed & eyes closed. Resps reg & even & ease. Color WNL. T amb in cell ad lib. A: Altered level of comfort & isolation P: Cont. POC
6/19/04 1145	S - No verbal c/o. O - Alert & verbal, Oriented. Remain on resp isolation. PO intake good, Output good. Resp assessment ok. A - Altered health status R/T dx P - Monitor & fulfillment of care.
6/19/04 200p	S - No. Auto distress C/o voiced O - A & O x 3, Resp OK, Skin w/d to touch Skin Color WNL Isolation & TB precautions A - A/T loc R/T dx P - Continue plan of care - G. Tyne



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INFIRMARY NURSING PROGRESS NOTES

6/15/04 0400	S - NO complaint voiced @ this time O - lips & about on unit & no problems noted. A - Alt comfort level R/T health status P - Monitor will cont. ————— D. Callaway
6/15/04 0700	S - I'm alright, want out of here O - Alert & verbal, ambulated in cell, remains on Contact isolation for T.B. A - potential alteration in comfort R/T dx P - Continue P.O.C. ————— Rhy
6/15/04 1800	S - No complaints voiced. O - Alert x 3. Resp. & lax. Resting quietly in bed & eyes are open. No distress noted. A - Alt. in comfort R/T Dx. P - Continue plan of care. ————— A. Dulaugh
6/16/04 0300 cont	S - No complaint @ this time. O - Resting quietly in bed. Skin color good. Resp. reg. NAD noted. A - Alt. loc. R/T Dx. P - Plan of care continues. N. Jones
6/16/04 0700	S - I'm doing OK, want out of here O - Alert & verbal, no acute distress noted, remains on Contact isolation, T.B. A - Potential alt. in comfort R/T dx P - Continue P.O.C. ————— Rhy



INFIRMARY NURSING PROGRESS NOTES

Date/Time	
6/10/04 0800	S - Hey Nurse how are you, I'm OK. O - Resting quietly in bed, easily aroused resp. reg. ease NAD noted A - alt. Comfort RT dx R/O TB B - will cont plan of care S Napkin 6/10/04 2100 S - No 1/0 Complaints O - Amb in cell ad leg. skin wld resp ease NAD noted A - Pot. alt. in Comfort RT dx P - P.O.C. ————
6/11/04 0330	S/O: Pt lying on bed - eyes closed. Resp even & reg ease. Skin warm & dry. Cola wnl. Pt has been asleep throughout most of shift. A: altered level of comfort & isolation P: Cont. POC ————
6/11/04 0730	S - we're OK O - Alert & verbally ambulatory in cell, remains on resp. isolation, no acute distress noted A - potential alt. in comfort RT dx P - Continue P.O.C. ————

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	R/S	FAC.
Adams, Anthony	180127	4/5/56	B/m	KCF



INFIRMARY NURSING PROGRESS NOTES

Date/Time	
6/9/04 0330	SVD: Pt lying on bed & eyes closed. Resp even & reg & coarse. Skin warm & dry. Color WNL. NAD noted. A: altered level of comfort R/t dx. P: Cont Plan of Care. <i>Al. Digen</i>
6/9/04 0900	S- no verbal complaint voiced & present O- Resting quietly in bed, easily aroused, Resp. Reg. & coarse, accepted RT meds A- alt. Resp. status RT Rx TB P- will cont plan of care <i>S. Vaughn/PM</i>
6/9/04 2130	S- No QO O- resting in bed quietly. resp reg & coarse NAD noted. Awake @ present. A- pt get in comfort R/t dx TB P- P.O.C. cont. <i>Harrell</i>
6/10/04	S- no verbal complaint @ this time. O- Skin W/O Resp & coarse. NO S/S of acute distress noted @ this time & ytd. A- Svt comfort level R/T health status P- Monitor cont. <i>D. O'Leary</i>



INFIRMARY NURSING PROGRESS NOTES

Date/Time	
6/4/04 0400	S: VOICES & COMPLAINTS. O: AAOX3. P. AND IN CELL AD LIB. Keeps even & reg. Shen warm & dry. Color WNL. & acute distress. A: alt in comfort R/T isolation P. Cont. POC. K. Difer
6/4/04 0700	S - no verbal complaints voiced & present O - up & lib in cell, Resp. reg & even NAD A - alt. Resp. Status RT R/L TB P - will cont plan of care S. Vaghtmipm
6/4/04 1800	S - No c/o noted. O - A + O X 3. Up in cell ad lib. No acute resp. distress noted. A - Alteration in comfort R/T dx. P - Cont POC and observation. @Thelisha
6/5/04	S - no complaints @ this time. O - up & about in cell. socializes & peers. No apparent distress noted. SI A - Altered communication r/t. Isolation. P - continue plan of care. J. Jogan m
6/5/04	S - no verbal c/o. O - A + O X 3. UP Ad Lib in iso cell. Resp Isolation maintained. Appetite good. No acute distress noted at this time. A - All in Health Status R/T DO. P - CONT POC. A. Boswell RN

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	R/S	FAC.
Adams, Anthony	180127	4/5/50	B/M	KCF



INFIRMARY NURSING PROGRESS NOTES

Date/Time	
5/31/04 1700	S - No complaints voiced. ——— O - Up in cell ad lib. No acute distress noted. A + O X 3. Color WNL. ——— A - Alteration in comfort. ——— P - Cont plan of care. ——— A. Willos/Hp
6/01/04 0300	S: VOICES & Complaints. O: AFO X3. ↑ amb in ^{cell} ward cell ad lib. Resp are even & reg c cease. Skin warm & dry. Color WNL. Sputum sample for AFB obtained. NAD. A: Alteration in Comfort. P: Cont. POC. ——— R. J. Jan.
6/01/04 0700	S - I'm doing O.K, when do we get out O - Alert & verbal, ambulating in cell, Remains on isolation per J.B. protocol A - potential act in Comfort R/T Dx. P - Cont. P.O.C. ——— R. J. Jan.
6/2/04 0600	S - No c/o voiced at this time. O - AFO X3. Skin w/d. Color good. Resp cease. Remains on isolation. NAD noted. A - Alt. loc. R/T Dx. P - Plan of care continues. N. Jones
6/2/04 0700	S - I'm OK O - Alert & verbal, no acute distress noted, ambulating in cell, remains on isolation T.B.

INMATE NAME (LAST, FIRST, MIDDLE)

Adams, Anthony

DOC#

180/27

DOB

4/5/56

R/S

B/M

FAC:

KEF



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INFIRMARY NURSING PROGRESS NOTES

Date/Time	
5/28/04	NURSING ASSESSMENT CONT A - PO - at comfort R/T DX P - Continue current care
5/28/04 2000	S - No complaints voiced. O - Alert & 3. Resp. & ease. Resting quietly in bed to eyes open. A - Alt. in health status R/T DX. P - Continue plan of care. — A. Dula, RN
5/29/04 11p-7A	S - NO CP voiced. O - Asleep in bed, easily aroused. Resp reg & ease. NO S/S distress noted. A - Alt in Health Status R/T No. P - cont. plan of care
5/29/04 0905	S - No issues C/O @ this time. O - Remains on resp isolation to R/O TB. Pt. extubated good, output good. No acute distress noted. A - Alt. in health status R/T dx P - Monitor as ordered plan of care. — L. Green, RN
5/29/04 1830	S - "I'm throwing up" O - Alert 3. Skin w/d. Resp w/d. Tach 110. No issues noted. Cont TB isolation. A - Pt. Alt. in Comfort R/T dx P - P.O.C. Cont. Monitor for N/V — [Signature]

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	R/S	FAC.
Adams Anthony	188107	4/5/54	B/M	K/F



INFIRMARY NURSING PROGRESS NOTES

Date/Time	
5-26-04 2000	S- I'm Okay O- Alert et Orient x3. Skin w/D to touch. NO Resp distress noted. A- Alteration in comfort. P- Continue POC et observation — JDWERS
5/27/04 0400	S+O: Pt lying on bed & eyes closed. Resps even & reg & ease. Skin warm / dry. Color WNL. NAD noted @ present. A: Alt in comfort level R/T isolation P: Cont. Observation — R. Hagen
5/27/04 0738	S- I'm doing OK its hot. O- alert & verbal, no acute distress noted, ambulatory in ^{cells} ward, remains in contact w/ resp. TB protocols. A- potential alteration in comfort R/T isolation P- Continue P.O.C. — R. Hagen
5/28/04 0500	S: VOICES & complaints. O: AAO x3. Resps even & reg & ease. Skin warm/dry. Color WNL. Sputum collected for AFB. NAD. A: Alt in comfort level R/T isolation P: Cont. observation — R. Hagen
5/28/04	S- NO C/O VOICES O- Remains in TB precautions NAD noted. See chart

DEPARTMENT OF CORRECTIONS

[illegible]

Time		0400		Time		0400	
Assessed by (initials):		RB		Assessed by (initials):		RB	
BEHAVIOR/MENTAL STATUS	Alert	/					
	Oriented x 3	/					
	Disoriented						
	Lethargic						
	Cooperative	/					
	Combative/Uncooperative						
	Anxious						
	Depressed						
SPEECH	Clear	/					
	Slurred						
	Rambling						
	Aphasic						
	Inappropriate						
SENSATION/MOVEMENT	Moves all extremities	/					
	Weakness						
	Paralysis						
	Paresthesia						
	CMS intact						
ACTIVITIES	Bedrest						
	Turn q 2 hours <i>Self</i>	/					
	OOB (chair)						
	BRP						
	Bedside commode						
	Ambulate	/					
HYGIENE	<u>Complete/Assist/Partial</u>						
	Shower/Shampoo						
	Oral Care						
	P.M. Care						
	Peri-Care						
	<i>Self</i>	/					
Doctor's visits							
SKIN	Temperature: Warm	/					
	Hot						
	Cool						
	Turgor: Good	/					
	Fair						
	Poor						
	Moisture: Dry	/					
	Moist						
	Color: WNL	/					
	Pale						
TUBE FEEDINGS	Flushed						
	Cyanotic						
	Jaundice						
	Edema (location/amount)						
	Free of pressure/irritation						
SAFETY	Tube feeding/Type:						
	Bottle changed						
	Tubing changed						
OTHER	Restraints: soft wrist/posey						
	Call light in reach						
	Bed in low position	/					
	Siderails: up x 4						
NURSING ROUNDS	Ambulacard						
	Decub. mattress/pad						
	TED hose: knee hi/high hi						
NURSING ROUNDS	Remove 30 q 8 hours						
	Checked on rounds	/					
	Respirations unchanged						
✓ Acceptable normal		X Within normal limits					

INMATE NAME (LAST, FIRST, MIDDLE)

Adams Anthony

DOC#

18087

DOB

4-5-56

RACE/SEX

B/M

FAC.

KLF



DAILY PATIENT ASSESSMENT SHEET

Adams, Anthony

Date

7/26/04

7/26/04

11-7

7-3

3-11

11-7

7-3

3-11

Time

0400

Assessed by (initials):

RB

Time

0400

Assessed by (initials):

RB

RESPIRATORY

Quality

Normal

Shallow

Deep

Labored

Rate - WNL

Slow

Rapid

Sounds - Clear

Abnormal

Cough - Productive

Non-Productive

Humidified O2 Therapy

L/Minute

Incentive Spirometer

Suctioning-Oral/Ni/Trach

TUBES AND DRAINAGE

Wound healing & inflammation

WOUNDS/ULCERS/DRESSINGS

Dressing Dry & Intact

Dressing Changed

Size

Type

Location

TREATMENTS

I.V. THERAPY

Bottle #/Rate

Site and Rate checked every two hours

ABDOMEN

Abdomen soft & nondistended

Abnormal

Bowel sounds - Active

Abnormal

Pain-Tenderness

PULSE/RATE

Regular

Irregular

Strong

Weak

Apical

Radial

REFERRALS

Patient Teaching

NURSE'S
SIGNATURE:

RN 11-7

7-3

LPN 11-7

7-3

11-7

7-3

NURSES' NOIES

DATE	TIME	REMARKS AND SIGNATURE
4/10/96	0750	Admitted to infirmary toward orders per Dr. Jean. This 40 yr old Black male c/o chest pains. VS on admission P/p 100/70 P 84 R20, c/o some dizziness while in standing position. Blood sugar finger stick 86 mg/dl. Benadol 50mg given po as ordered. No acute distress noted. Blench
	0850	EKG done per K. Scott, RN. Blench
	0930	Meal served. Appetite fair. Blench
	1130	Resting quietly in bed. Resp regular & ease. No distress noted. Blench
4/10/96	2000	Easily awakened when spoken to. Alert & oriented x3 (knows year but not day). Resp regular & ease. Denies any % discomfort @ present time. Sheed R



INFIRMARY NURSING PROGRESS NOTES

Date/Time											
5/25/04 230 p	New man from Bullock Co. Admitted to SW T 515-A, Ambulating & difficultly A+O X3 skin w/d perula, Resp. neg & ease med body frame See graphic for vital signs. Pp. MAEWS NO Verbal Complaints voiced at this time Placed in isolation to R/TB will notify oncoming Shift ————— Silvestri										
5-25-04 2220	S- Complaints voiced. O- Alert & Orient x3 skin w/d to touch. Resp neg & ease. Ambulates & difficultly. Abdomen soft & non-tender. Bowel sound present x4 quadrants NAD noted. A- altered Health status R/T Dx. P- continue POC. ————— U. Owens (2nd)										
5/26/04 0400	S: voices & complaints O: awake & alert. Sitting @ BS eating breakfast. Resps. even / neg & ease. Skin warm / dry. Color wnl. NAD noted. A: alteration in comfort level R/T isolation P: Cont. observation & POC. ————— R. L. Jensen										
5/26/04 0720	S- I'm OK. O- Alert & verbal, remains on Contact-750 TB meds A- potential alt in comfort R/T Dx, P- Continue POC R/T										
<table border="1"> <thead> <tr> <th>INMATE NAME (LAST, FIRST, MIDDLE)</th> <th>DOC#</th> <th>DOB</th> <th>R/S</th> <th>FAC.</th> </tr> </thead> <tbody> <tr> <td>Adams, Anthony</td> <td>180127</td> <td>4/5/50</td> <td>B/m</td> <td>KCF</td> </tr> </tbody> </table>		INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	R/S	FAC.	Adams, Anthony	180127	4/5/50	B/m	KCF
INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	R/S	FAC.							
Adams, Anthony	180127	4/5/50	B/m	KCF							



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INFIRMARY NURSING PROGRESS NOTES

Date/Time	
5/30/04	S+D: Pt lying on bed & eyes closed. Resp even & reg & ease. Skin warm & dry. Color WNL. Pt refused breakfast per officer. NAD noted. A: Pot. alt in comfort level R/T dx. P: Cont. POC. <i>Dr. Chapman</i>
5/30/04 0900	S- No verbal c/o @ this time. O- Remains on resp. isolation & verbal c/o. PO intake good, output good. See nsg daily assessment. A- Altered health status R/T dx. P- Monitor & follow plan of care. <i>C. Green, RN</i>
5/30/04 2000	S- NO verbal c/o. O- RESP ISOLATION MAINTAINED. VP Ad Lib in Iso cell. Ambulatory. SKIN WNL. PO intake good. A & O x3. NAD. A- Alt in health status R/T dx. P- CONT POC. <i>A. Boushiff RN</i>
5/31/04	S- Complains of vocal c. pain. O- Skin & resp & ease, no distress noted. A- Alt comfort level R/T health status. P- Monitor and. <i>Dr. Chapman</i>
5/31/04 0700	S- I'm alright. O- Alert & verbal, no acute distress noted. Remains on isolation per T.B. A- potential alt in comfort R/T dx. P- Continue POC. <i>Rhy</i>



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INFIRMARY NURSING PROGRESS NOTES

Date/Time	
	S: No C/O voiced.
6/6/04 12mn	O: Resting in bed. Eyes closed. Resp even & @ ease. Good skin color. Remain in hosp class. No acute distress noted @ this time. A: Pat alt in comfort RT DX P: Cont POC ——— A. Jackson, R.N.
6/6/04 @ 1000	S: NO complaints @ this time. — SI O: Resting quietly in bed & eyes closed. Breathing @ ease. No apparent distress noted. — SI A: Altered comfort level + lt environment. P: Continue plan of care. — J. Dragin
6-6-04 1800	S: No C/O voiced @ present. O: Resting in bed. Eyes closed. Resp even & @ ease. Good skin color. Remain in hosp class. No acute distress noted. A: Pat alt in comfort RT DX P: Cont POC ——— A. Jackson, R.N.
6-7-04 12n	S: No C/O voiced. O: Resting & any distress noted. Also remain in progress. No acute distress noted. A: Pat alt in comfort RT DX P: Cont POC ——— A. Jackson, R.N.



INFIRMARY NURSING PROGRESS NOTES

Date/Time	
6/7/04 0725A	S - I'm doing OK. O - Alert & verbal group ambulatory in cell, room on Resp. ss. R/O T.B., no acute distress noted. A - potential alt. in comfort R/T Dx. P - Continue P.O.C. ———— <i>Sgt</i>
6-7-04 2000	S - NO complaints voiced. O - Alert & chest x3. Up in cell ad lib. NO acute resp. distress noted. A - potential alt. in comfort R/T Dx. P - Continue Plan of Care. ———— <i>Olweiss</i>
6/8/04 0415	S: VOICES & complaints. O: AAO x3. Resps even & reg. ease. Skin warm & dry. Color WNL. + amb in cell ad lib. NAP noted. A: alt. in comfort & dx. isolation. P: Cont. observation. ———— <i>N. L. Legare</i>
6/8/04 0835	S - NO verbal complaint voiced & present O - AAO x3 Skin WNL Resp reg. ease NAP A - alt. resp. status RT Dx R/O TB P - will Cont Plan of Care ———— <i>S. Vaughn</i>

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	R/S	FAC.
<i>Adams, Anthony</i>	<i>180127</i>	<i>4/5/56</i>	<i>Bm</i>	<i>Kcf</i>



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Adams, Anthony

INFIRMARY NURSING PROGRESS NOTES

6/12/04 22:00	S- D Complaint noted
	O- Sleep @ present time & no noted distress @ this time & entry.
	A- All comfort level R/T health status
	P- Monitor will cont to plan & care over D. Callough
6/12/04 1230	S- No issues etc
	O- Alert & oriented. up in room ad lib. Remains on resp. isolation. PO intake good, output good.
	A- Altered health status R/T dx
	P- Monitor & follow plan of care. J. Green, RN
6/12/04 1800	S- No complaints.
	O- A+ OX3, up ad lib in room. Remains on resp. isolation. No acute distress noted.
	A- Altered health status R/T dx.
	P- Cont plan of care & observation. A. Williams
6/13/04 5 AM	S+O: Pt lying on bed & eyes closed. Resp even & reg & ease. Skin warm & dry. Color WNL. NAD.
	A: Altered level of comfort R/T isolation.
	P: Cont POC. M. Allen



INFIRMARY NURSING PROGRESS NOTES

Date/Time	
6/13/04 0900	S- No verbal c/o O- up in room ad lib. Remain on resp. isolation. PO intake good. Output good. No acute distress noted. Neg assessment done.
	A- Altered health status R/T dx P- Monitor as follows plan of care. <i>E. J. Williams</i>
6/13/04 18:00	S- no verbal c/o O- UP AD lib in iso cell. Resp iso maintain. P.O. intake good. voiding well. NO acute distress noted. NAD.
	A- Altered health status R/T DO. P- CONT POC. <i>A. Boswell RN</i>
6/14/04	S- no c/o discomfort voiced O- Asleep in room A- All comfort level L/T noted P- Plan of care to monitor cont per staff. <i>D. J. Williams</i>
6/14/04 0900	S- no verbal complaints voiced Present O- up & lib in cell NAD noted, Resp & care accepted RN meds wice mo Logan Lpn A- act. Comfort/Resp status R/T dx T/B P- will cont plan of care. <i>S. Vaughn</i>
6/14/04	S- No complaints voiced. O- up in cell ad lib. No c/o noted. NAD. A- altered health status. P- Cont plan of care & observation <i>A. Williams</i>

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	R/S	FAC.
Adams, Anthony	180127	4/5/56	B/m	KCF



INFIRMARY NURSING PROGRESS NOTES

Date/Time	
	S - No complaints voiced.
6/14/04 1800	O - Abt x3. Resp. c ease. Resting quietly in bed c eyes open. No distress noted. A - Altered health status R/t Dx. P - Continue plan of care. ——— A. Dulay APRN
6-17-04	S - NO Complaints c present O - Sleeping resp c ease. No S/S distress noted. A - Abt comfort level R/T status P - Plan of care to monitor with cont. changes
6/17/04	S - no complaints voiced O - no changes noted A - general condition on precautions measures MAID noted. See daily nursing assessment A - not at all comfort P - continue current
6/18/04 6am	S/O: lying on bed c eyes closed. Resp even & reg c ease NAD noted. A: altered level of comfort R/T isolation. P: Cont POC. ——— R. Ifun

INMATE NAME (LAST, FIRST, MIDDLE)

DOC#

DOB

R/S

FAC.

Adams, Anthony

#18027

4/5/56

B/M

KCE



INFIRMARY NURSING PROGRESS NOTES

Date/Time	
6/30/04 0730	S - no verbal complaint voiced & present O - Resting quietly in bed & eyes closed, Resp. reg. & ease NAD noted A - alt. Resp. status RT/LX TB P - will cont plan of care — S. Vaughn, LPN
6/30/04 1800	S - No complaints voiced. O - Alert x3. Resting quietly in bed. Resp. & ease. A - Altered resp. status RT/LX. P - Will continue plan of care. — A. Delaney, RN
7/1/04 0530	S - No c/o voiced at this time. O - Resting quietly in bed. Skin color w/ht. Resp. reg. & ease. NAD noted. A - Alt loc R/T DX. P - Plan of care continues. N. Jones
7/1/04 1330	S - no c/o voiced O - Sitting up in bed halfway with back and head resting on wall. eyes open. NAD noted see daily nursing assessment. A - At Health maintenance P - DX TB D - Continue current Rx S - no c/o voiced

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	R/S	FAC.
Adams, Anthony	180127	4/5/56	B/m	KCF



INFIRMARY NURSING PROGRESS NOTES

Date/Time	
7/3/04	AD noted - See daily nursing assessment A - Not at all comfortable R/L DX D - Continue current POC
7-3-04 2000	S: No ch used. O: Resting in bed. Resp even + @ ease. Good skin color. No acute distress noted @ present. A: Pot alk in comfort R/L DX P: Cont POC A. Jackson, R.N.
7-4-04	S: No ch used. O: Resting in bed. No acute distress noted. A: Pot alk in comfort R/L DX P: Cont POC A. Jackson, R.N.
7/4/04	AD - no ch valued AD - no changes noted General condition noted. AD noted. See daily nursing assessment. A - Not at all comfortable R/L DX D - Continue current POC
7/4/04 2000	S: No ch used @ present O - Alert & coherent. Resp unlabored. No acute distress noted

INMATE NAME (LAST, FIRST, MIDDLE)

DOC#

DOB

R/S

FAC.

Adams, Anthony

180127

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INFIRMARY NURSING PROGRESS NOTES

Date/Time	
6/28/04 0740	S - no verbal complaint voiced e this time — O - Breathing quietly in bed 2 eyes closed, easily aroused, Resp. reg. 2 ease NAB noted — A - alt. Resp. Status RT OX TB — P - will cont plan of care — S. Vaughn, RN
6/28/04 1800	S - O Complaint voiced e present — O - Awake lying in bed 3 no problems noted. Resp. reg. 2 ease, no distress present — A - Alt. Resp. Status RT OX TB — P - Nurse will cont give staff. — D. Myer
6/29/04 0800	S - no verbal complaints voiced e present — O - Sitting up on the side of the bed NAB Resp. reg. 2 ease — A - alt. ^{Exposure} Resp. Status RT OX TB — P - will Cont plan of care — S. Vaughn, RN
6/29/04 1800	S - No verbal complaints. — O - Breathing quietly in bed. No acute resp distress noted. Remains on resp isolation. — A - Pat alt. in health status RT OX. — P - Cont plan of care. — A. Williams, RN
6/30/04	S - No cp voiced. — O - Asleep in bed, easily aroused. Resp reg 2 ease. No S/S distress noted. A - Alt Resp Status RT OX. — P - cont plan of care. — R. Jeff, RN



INFIRMARY NURSING PROGRESS NOTES

Date/Time	
6/25/04 cont.	<p>on TB precautions, see daily nursing assessment. A - Pt. at comfort P.O.D. P - Continue current POC</p>
6/25/04 2200	<p>S - No C/O verbal @ present. O - Alert & coherent. Resp unlabored. No acute distress noted. A - Pt. at comfort P.O.D. P - Alert P.O.C. Jackson P.N.</p>
6/26/04 0500	<p>S - No complaints voiced O - Alert & coherent X3. She was shy to touch. Respiratory even & unlabored. TB precautions in progress. No distress noted. A - All LVL RLT Dx P - Continue plan of care M. Bony</p>
6/26/04 1210	<p>S - No verbal C/O @ this time. O - Alert & verbal. Remain on resp. isolation. P.O. intake good, Output good; No acute distress noted. Nsg assessment done. A - Altered health status RLT dx P - Monitor ex feces plan of care. Jackson P.N.</p>
6-26-04 1800	<p>S - No verbal complaints O - alert & verbal. ↑ in cell ad lib. Slows w/p to touch. NAD noted. A - altered health status RLT Dx. P - Continue POC. Jackson P.N.</p>



INFIRMARY NURSING PROGRESS NOTES

Date/Time	
6/20/04 0400	S - D/c/o voiced at this time. O - Resting quietly in bed. Skin color w/ht. Resp. reg. c. base. Remains on resp. precautions. NAD noted. A - Alt loc. RTT DX. P - Plan of care continues. N Jones
6/20/04 0800	S - I'm better, want out of here. O - Alert & verbal, combative in cell, no acute distress noted, remains on isolation. A - potential alt. in comfort RTT DX P - Continue plan of care. BJ
6/20/04 1600	S - No C/O voiced @ present. O - A+O x3. Resp even & clear. Good skin color. No acute distress noted. A - Pat alt in comfort RTT DX P - Cont POC A Jackson, R.N.
6/21/04 0300	S - No C/O voiced @ present. O - Resting in bed. Eyes closed. Resp even & clear. Good skin color. No acute distress noted. A - Pat alt in comfort RTT DX P - Cont POC A. Jackson R.N.
6/21/04 0715	S - I'm doing alright. O - Alert & verbal, remains on iso. for T.B. no distress noted. A - potential alt. in comfort RTT DX P - Continue P.O.C. BJ

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	R/S	FAC.
Adams, Anthony	180127	4/5/56	B/M	KCF



INFIRMARY NURSING PROGRESS NOTES

Date/Time	
7/6/04 0800	S - no verbal complaints voiced & present O - up & lib in cell NAD noted Resp & ease A - alt. Resp. status RT dx TB P - will cont plan of care ——— Silbaughman
7/6/04 2100	S - no complaints voiced O - resting quietly in bed & eyes closed. Resp & ease. No distress noted. A - Altered Resp. status RT dx TB P - Continue plan of care. ——— A. Delaney
7/7/04 0400	S - No c/o voiced at this time. O - Quietly resting in bed. Skin w/d. Resp & ease. NAD noted. A - Alt loc R/T dx. P - Plan of care continued. N. Jones for
7/10/04 0600	S - no c/o voiced Snored head stay. NAD noted. See daily nursing assessment. Asocial isolation P/T resp precaution A - continue current DOCS

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	R/S	FAC.
Adams, Anthony	180127	4/5/56	B/m	KCF



INFIRMARY NURSING PROGRESS NOTES

Date/Time	
7/8/04	Continue current POC
7/9/04 0710	<p>S - No complaints</p> <p>O - A+O x3 Resp ease skin w/o to touch Resting quietly with eyes closed NO distress</p> <p>A - ALT IN Health status R/T DX</p> <p>P - continue POC ————— R Byler</p>
7/9/04 0710	<p>S - I'm feeling better</p> <p>O - alert & verbally responsive on isolation, NO distress noted; Ambulatory in cell</p> <p>A - potential alteration in comfort R/T DX</p> <p>P - Continue P.O.C. ————— R Byler</p>
7-9-04 1800	<p>S - NO complaints voiced</p> <p>O - Alert & oriented x3. Remains on TB precautions. Ambulates in cell ad lib NAD noted.</p> <p>A - altered health status R/T DX.</p> <p>P - continue Plan of care. ————— U Owens</p>
7/10/04 0410	<p>S - No complaints voiced</p> <p>O - A+O x3. Respiratory event & verbalized; skin w/o to touch & NO distress noted.</p> <p>A - Altered health status R/T DX</p> <p>P - continue plan of care ————— R Byler</p>

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	R/S	FAC.
Adams Anthony	180157	4/5/56	B/M	KCF

CORRECTIONAL MEDICAL SERVICES
CHRONIC CARE CLINIC
MEDICAL DOCTOR INITIAL EVALUATION / UPDATE

NAME: Adams, Anthony AIS# 180127 DOB: 4/5/56

Diagnosis: _____

Diet: DIET AS TOLERATED

Exercise: 45 minutes of non-stop walking 3 times a week.

Allergies: _____

Medications: _____

Laboratory / Diagnostic Testing: WBC , Amvlase. SGOT,SGPT, CXR. & Urinalysis per M.D. order.

Short-Term Goal(s): Alleviation of symptoms. [Epigastric of pain.]

Long-Term Goal(s): Avoid complications (1) Perforation (2) Stenosis (3) Hemorrhage. Prevent ulcerous recurrence.

Routine Follow-up Frequency: (1) M.D. exam 3 months: (2) Nurse exam every month.

Planning by: C. Johnson Date: 7/1/02

Physician Review: _____ Date: _____

W-09 65
W-09
G-20

CORRECTIONAL MEDICAL SERVICES MEDICAL HISTORY AND SCREENING

INMATE NAME: <u>Adams, Anthony L.</u>	ID #: <u>180122</u>	RACE: <u>B/M</u>	D.O.B.: <u>4-5-56</u>
---------------------------------------	---------------------	------------------	-----------------------

INMATE QUESTIONNAIRE (circle one)		CURRENT MEDICAL CONDITIONS (circle terms that apply)	
1. Do you have a medical problem such as bleeding or injuries that requires immediate medical attention?	Yes <input type="radio"/> No <input checked="" type="radio"/>	Unconscious	Skin Infestation
2. Have you fainted or had a head injury within past six months?	Yes <input type="radio"/> No <input checked="" type="radio"/>	Intoxicated	Restricted Mobility
3. Are you allergic to any medications?	Yes <input type="radio"/> No <input checked="" type="radio"/>	Lesions	Skin Rash
4. Have you been seen by a doctor in the past six months?	Yes <input checked="" type="radio"/> No <input type="radio"/>	Obvious Pain	Jaundice
5. Do you wear dentures or partial plate? <u>Dentures</u>	Yes <input checked="" type="radio"/> No <input type="radio"/>	Bruises	Needle Marks
6. Do you wear glasses or contact lenses?	Yes <input type="radio"/> No <input checked="" type="radio"/>	Fever	Swollen Glands
7. Do you have a prosthesis, splint, crutches, cast or brace that you need while here?	Yes <input type="radio"/> No <input checked="" type="radio"/>	Nausea	Active Cough
8. Do you drink wine, beer or whiskey? How often? _____ How much? _____ Last time? _____	Yes <input type="radio"/> No <input checked="" type="radio"/>	Uses Tobacco	Vaginal/Penile Discharge
9. Have you had seizures or blackouts when you stop drinking?	Yes <input type="radio"/> No <input checked="" type="radio"/>	MEDICAL HISTORY (circle terms that apply)	
10. Do you use drugs? Type? <u>Cocaine - Crack</u> How often? <u>4/week</u> Last time? <u>1980</u>	Yes <input checked="" type="radio"/> No <input type="radio"/>	Arthritis	Frequent Diarrhea
11. Have you had withdrawal problems when you stop taking drugs?	Yes <input type="radio"/> No <input checked="" type="radio"/>	Diabetes	Genital Sores
12. Do you have any medical problems we should know about?	Yes <input checked="" type="radio"/> No <input type="radio"/>	Seizure Disorder	V.D.
13. Are you covered by medical insurance or a benefits program?	Yes <input type="radio"/> No <input checked="" type="radio"/>	Asthma	Hepatitis <u>1994</u>
14. Have you been in this facility before?	Yes <input type="radio"/> No <input checked="" type="radio"/>	Special Diet	HIV+ <u>1994</u>
FEMALE INMATES ONLY		Heart Condition	Tuberculosis
1. Are you pregnant?	Yes <input type="radio"/> No <input checked="" type="radio"/>	Hypertension	Persistent Sore Throat
2. Do you use birth control? Type? _____	Yes <input type="radio"/> No <input checked="" type="radio"/>	Stomach Ulcer	Dental Problems
3. Have you recently had a baby, miscarriage or abortion?	Yes <input type="radio"/> No <input checked="" type="radio"/>	Cancer	Surgeries
COMMENTS: (Explain "Yes" responses) <u>4. C/o nervousness</u> <u>12. Nervousness</u>		Sickle Cell Anemia	Chest Pain
DISPOSITION		Emphysema	Jaundice
Referrals _____ None	Placement _____	TB SCREENING	
_____ Emergency Room (Pre-booking injury)	_____ Infirmary	Ever treated with TB Drugs? Yes <input checked="" type="radio"/> No <input type="radio"/>	
_____ Emergency Room (Acute condition)	_____ Detoxification Setting	PPD test? Yes <input checked="" type="radio"/> No <input type="radio"/> Positive Reaction? Yes <input type="radio"/> No <input type="radio"/>	
<input checked="" type="checkbox"/> Physician <u>Mental Health</u>	<input checked="" type="checkbox"/> General Population	When: _____	
_____ Sick Call	_____ Other	Where: _____	
		Chronic Cough/Blood _____ Fever _____	
		Recent Weight Loss _____ Night Sweats _____	
		Recent Appetite Loss _____ Fatigue _____	
		MEDICATIONS	
		Current medications: <u>Elavil</u>	
		Prescriber: _____	
		ALLERGIES	
		Medication Allergies: Yes <input checked="" type="radio"/> No <input type="radio"/>	
		Type: <u>Naloxone</u>	
		Other Allergies Yes <input checked="" type="radio"/> No <input type="radio"/>	
		Type: _____	
		VITAL SIGNS	
		HT <u>5'10 1/2"</u> WT <u>142 3/4</u> BP <u>130/90</u>	
		Pulse _____ Resp. _____ Temp. _____	

I acknowledge that I have answered all questions truthfully and have been told the way to obtain health services and consent to routine care provided by facility healthcare professionals. I understand that any medications not picked up within 30 days of release will be destroyed.

Inmate signature Anthony L. Adams

SCREENED BY Amanda Anderson RN DATE 8-18-95 TIME _____
REVIEWED BY _____ DATE _____ TIME _____

DAILY PATIENT ASSESSMENT SHEET



Date

6/20/04

11-7				7-3				3-11								
Time		0400		0800		1600		Time		0400		0800		1600		
Assessed by (initials):		NJ		B		AS		Assessed by (initials):		NJ		B		AS		
RESPIRATORY	Quality	✓		✓		✓		TUBES AND DRAINAGE								
	Normal															
	Shallow															
	Deep															
	Labored															
	Rate - WNL	✓		✓		✓										
	Slow															
	Rapid															
	Sounds - Clear			✓		✓										
	Abnormal															
	Cough - Productive															
	Non-Productive															
	Humidified O2 Therapy															
	L/Minute															
Incentive Spirometer																
Suctioning-Oral/Ni/Trach																
ABDOMEN	Abdomen soft & nondistended	✓		✓		✓		TREATMENTS								
	Abnormal															
	Bowel sounds - Active			✓		✓										
	Abnormal															
Pain-Tenderness																
PULSE/RATE	Regular	✓		✓		✓		I.V. THERAPY								
	Irregular															
	Strong															
	Weak															
	Apical															
	Radial	✓		✓		✓										
REFERRALS	Patient Teaching															
NURSE'S SIGNATURE:	RN 11-7					LPN 11-7	N. Jones				11-7					
	7-3					7-3	B				7-3					
	3-11					3-11	AS				3-11					



DAILY PATIENT ASSESSMENT SHEET

Date 6/19/04

11-7				7-3				3-11								
Time		4AM		1145		2000		Time		4AM		1145		2000		
Assessed by (initials):		DO		EJ		LT		Assessed by (initials):		DO		EJ		LT		
RESPIRATORY	Quality							TUBES AND DRAINAGE								
	Normal	✓		✓		✓										
	Shallow															
	Deep															
	Labored															
	Rate - WNL	✓		✓		✓										
	Slow															
	Rapid															
	Sounds - Clear															
	Abnormal															
	Cough - Productive															
	Non-Productive															
	Humidified O2 Therapy															
	L/Minute															
Incentive Spirometer																
Suctioning-Oral/NI/Trach																
ABDOMEN	Abdomen soft & nondistended	✓		✓		✓		TREATMENTS								
	Abnormal															
	Bowel sounds - Active															
	Abnormal															
Pain-Tenderness																
PULSE/RATE	Regular	✓		✓		✓		I.V. THERAPY								
	Irregular															
	Strong															
	Weak															
	Apical															
	Radial	✓		✓		✓										
REFERRALS	Patient Teaching	✓		✓		✓										

NURSE'S
SIGNATURE:

RN 11-7

7-3

3-11

D. L. Ligon
E. J. Ligon

LPN 11-7

7-3

3-11

P. T. T. T. T.

11-7

7-3

3-11



DAILY PATIENT ASSESSMENT SHEET

				Date <u>6/18/07</u>						
		11-7	7-3	3-11			11-7	7-3	3-11	
Time					Time					
Assessed by (initials):					Assessed by (initials):					
RESPIRATORY	Quality				TUBES AND DRAINAGE					
	Normal		✓							
	Shallow									
	Deep									
	Labored									
	Rate - WNL		✓							
	Slow									
	Rapid									
	Sounds - Clear		✓							
	Abnormal									
	Cough - Productive									
	Non-Productive									
	Humidified O2 Therapy									
	L/Minute									
Incentive Spirometer										
Suctioning-Oral/NI/Trach										
ABDOMEN	Abdomen soft & nondistended		✓		WOUNDS/ULCERS/DRESSINGS	Dressing Dry & Intact				
	Abnormal									
	Bowel sounds - Active		✓							
	Abnormal									
Pain-Tenderness		✓			Dressing Changed					
PULSE/RATE	Regular		✓			Size				
	Irregular					Type				
	Strong		✓			Location				
	Weak									
	Apical									
	Radial		✓							
REFERRALS	Patient Teaching				TREATMENTS					
NURSE'S SIGNATURE:	RN 11-7				I.V. THERAPY	Bottle #/Rate				
	7-3									
	3-11									
		LPN 11-7				11-7				
		7-3				7-3				
		3-11				3-11				



DAILY PATIENT ASSESSMENT SHEET

Date

6-17-04

		11-7	7-3	3-11			11-7	7-3	3-11
Time		1130	190		Time		0030	090	
Assessed by (initials):		ABO	J		Assessed by (initials):		R	J	
RESPIRATORY	Quality				TUBES AND DRAINAGE				
	Normal	✓	✓						
	Shallow								
	Deep								
	Labored								
	Rate - WNL	✓	✓						
	Slow								
	Rapid								
	Sounds - Clear		✓						
	Abnormal								
	Cough - Productive								
	Non-Productive								
	Humidified O2 Therapy								
	L/Minute								
Incentive Spirometer									
Suctioning-Oral/NI/Trach									
ABDOMEN	Abdomen soft & nondistended	✓	✓		TREATMENTS				
	Abnormal								
	Bowel sounds - Active								
	Abnormal								
Pain-Tenderness									
PULSE/RATE	Regular	✓	✓		I.V. THERAPY				
	Irregular								
	Strong								
	Weak								
	Apical								
	Radial	✓	✓						
REFERRALS	Patient Teaching	✓							
NURSE'S SIGNATURE:		RN 11-7	7-3	3-11	LPN 11-7		7-3	3-11	
					D. Akoy				



DAILY PATIENT ASSESSMENT SHEET

				Date <u>6/16/04</u>					
		11-7	7-3	3-11			11-7	7-3	3-11
Time		0300	0700		Time		0300	0700	
Assessed by (initials):		NJ	RJ		Assessed by (initials):		NJ	RJ	
RESPIRATORY	Quality	✓	✓		TUBES AND DRAINAGE				
	Normal								
	Shallow								
	Deep								
	Labored								
	Rate - WNL	✓	✓						
	Slow								
	Rapid								
	Sounds - Clear		✓						
	Abnormal								
	Cough - Productive								
	Non-Productive								
	Humidified O2 Therapy								
	L/Minute								
Incentive Spirometer				WOUNDS/ULCERS/DRESSINGS	Dressing Dry & Intact				
Suctioning-Oral/Ni/Trach					Dressing Changed				
					Size				
					Type				
					Location				
ABDOMEN	Abdomen soft & nondistended	✓	✓		TREATMENTS				
	Abnormal								
	Bowel sounds - Active								
	Abnormal								
	Pain-Tenderness								
PULSE/RATE	Regular	✓	✓		I.V. THERAPY	Bottle #/Rate			
	Irregular								
	Strong								
	Weak								
	Apical								
	Radial	✓							
REFERRALS	Patient Teaching								
NURSE'S SIGNATURE:	RN 11-7				LPN 11-7				
	7-3				7-3				
	3-11				3-11				



DAILY PATIENT ASSESSMENT SHEET

Date

6-15-04

		11-7	7-3	3-11			11-7	7-3	3-11
Time		0400	0700	1800	Time		0400	0700	1800
Assessed by (initials):		PL	PL	AO	Assessed by (initials):		PL	PL	AO
RESPIRATORY	Quality				TUBES AND DRAINAGE				
	Normal	✓	✓	✓					
	Shallow								
	Deep								
	Labored								
	Rate - WNL	✓	✓	✓					
	Slow								
	Rapid								
	Sounds - Clear	✓	✓	✓					
	Abnormal								
	Cough - Productive								
	Non-Productive								
	Humidified O2 Therapy								
	L/Minute								
Incentive Spirometer				WOUNDS/ULCERS/DRESSINGS	Dressing Dry & Intact				
Suctioning-Oral/NI/Trach					Dressing Changed				
					Size				
					Type				
					Location				
ABDOMEN	Abdomen soft & nondistended	✓	✓	✓	TREATMENTS				
	Abnormal								
	Bowel sounds - Active		✓	✓					
	Abnormal								
	Pain-Tenderness								
PULSE/RATE	Regular	✓	✓	✓	I.V. THERAPY	Bottle #/Rate			
	Irregular								
	Strong								
	Weak								
	Apical								
	Radial	✓	✓	✓					
REFERRALS	Patient Teaching		✓	✓					

NURSE'S
SIGNATURE:

RN 11-7

7-3

3-11

LPN 11-7

7-3

3-11

11-7

7-3

3-11



DAILY PATIENT ASSESSMENT SHEET

Adams, Anthony

Date 6-12-04

		11-7	7-3	3-11			11-7	7-3	3-11
Time		0700	1230	1800	Time		0700	1230	1800
Assessed by (initials):		Re	EJ	ON	Assessed by (initials):		Re	EJ	ON
RESPIRATORY	Quality				TUBES AND DRAINAGE				
	Normal	✓	✓	✓					
	Shallow								
	Deep								
	Labored								
	Rate - WNL	✓	✓	✓					
	Slow								
	Rapid			✓					
	Sounds - Clear	✓	✓	✓					
	Abnormal								
	Cough - Productive								
	Non-Productive								
	Humidified O2 Therapy								
	L/Minute								
Incentive Spirometer				WOUNDS/ULCERS/DRESSINGS	Dressing Dry & Intact				
Suctioning-Oral/Ni/Trach					Dressing Changed				
					Size				
					Type				
					Location				
ABDOMEN	Abdomen soft & nondistended	✓	✓	✓	TREATMENTS				
	Abnormal								
	Bowel sounds - Active								
	Abnormal								
Pain-Tenderness	✓								
PULSE/RATE	Regular	✓	✓	✓	I.V. THERAPY	Bottle #/Rate			
	Irregular								
	Strong								
	Weak								
	Apical								
	Radial	✓	✓	✓					
REFERRALS	Patient Teaching								

NURSE'S
SIGNATURE:

RN 11-7

7-3

3-11

E. Fullen

LPN 11-7

7-3

3-11

D. Chapp

M. J. ...

11-7

7-3

3-11



DAILY PATIENT ASSESSMENT SHEET

Date 6/13/04

11-7				7-3				3-11				11-7				7-3				3-11			
Time		5A		9A		7:00pm		Time		5A		9A		7:00pm		Time		5A		9A		7:00pm	
Assessed by (initials):		No		EG		AB		Assessed by (initials):		No		EG		AB		Assessed by (initials):		No		EG		AB	
RESPIRATORY	Quality																						
	Normal	✓				✓																	
	Shallow																						
	Deep																						
	Labored																						
	Rate - WNL	✓				✓																	
	Slow																						
	Rapid																						
	Sounds - Clear	✓				✓																	
	Abnormal																						
	Cough - Productive																						
	Non-Productive																						
	Humidified O2 Therapy																						
	L/Minute																						
Incentive Spirometer																							
Suctioning-Oral/Ni/Trach																							
ABDOMEN	Abdomen soft & nondistended	✓				✓																	
	Abnormal																						
	Bowel sounds - Active																						
	Abnormal																						
	Pain-Tenderness																						
PULSE/RATE	Regular	✓				✓																	
	Irregular																						
	Strong																						
	Weak																						
	Apical																						
	Radial	✓				✓																	
REFERRALS	Patient Teaching																						
TUBES AND DRAINAGE																							
WOUNDS/ULCERS/DRESSINGS	Wound healing & inflammation																						
	Dressing Dry & Intact																						
	Dressing Changed																						
	Size																						
	Type																						
TREATMENTS	Location																						
I.V. THERAPY	Bottle #/Rate																						
NURSE'S SIGNATURE:	RN 11-7	No						LPN 11-7															
	7-3	EG						7-3															
	3-11	AB						3-11															

11-7			7-3			3-11			11-7			7-3			3-11				
Time		0900	0900		1700	Time		0900	0900		1700	Time		0900	0900		1700		
Assessed by (initials):		R	S		AM	Assessed by (initials):		R	S		AM	Assessed by (initials):		R	S		AM		
RESPIRATORY	Quality					TUBES AND DRAINAGE						WOUNDS/ULCERS/DRESSINGS							
	Normal	✓			✓														
	Shallow																		
	Deep																		
	Labored																		
	Rate - WNL	✓			✓														
	Slow																		
	Rapid																		
	Sounds - Clear	✓			✓														
	Abnormal																		
	Cough - Productive																		
	Non-Productive																		
	Humidified O2 Therapy																		
	L/Minute																		
Incentive Spirometer																			
Suctioning-Oral/Ni/Trach																			
ABDOMEN	Abdomen soft & nondistended	✓			✓	TREATMENTS						I.V. THERAPY							
	Abnormal																		
	Bowel sounds - Active																		
	Abnormal																		
Pain-Tenderness																			
PULSE/RATE	Regular	✓			✓														
	Irregular																		
	Strong																		
	Weak																		
	Apical																		
Radial	✓			✓															
REFERRALS	Patient Teaching																		
NURSE'S SIGNATURE:	RN 11-7						LPN 11-7						11-7						
	7-3						7-3						7-3						
	3-11						3-11						3-11						

		11-7		7-3		3-11				11-7		7-3		3-11		
Time								Time								
Assessed by (initials):								Assessed by (initials):								
RESPIRATORY	Quality							TUBES AND DRAINAGE								
	Normal															
	Shallow															
	Deep															
	Labored															
	Rate - WNL															
	Slow															
	Rapid															
	Sounds - Clear															
	Abnormal															
	Cough - Productive															
	Non-Productive															
	Humidified O2 Therapy															
	L/Minute															
Incentive Spirometer																
Suctioning-Oral/Ni/Trach.																
ABDOMEN	Abdomen soft & nondistended							TREATMENTS								
	Abnormal															
	Bowel sounds - Active															
	Abnormal															
Pain-Tenderness																
PULSE/RATE	Regular							I.V. THERAPY								
	Irregular															
	Strong															
	Weak															
	Apical															
	Radial															
REFERRALS	Patient Teaching															
NURSE'S SIGNATURE:		RN 11-7				LPN 11-7				11-7						
		7-3				7-3				7-3						
		3-11				3-11				3-11						

[illegible]

11-7

7-3

7-3

244

3 10



DAILY PATIENT ASSESSMENT SHEET

Date 6-9-04

		11-7	7-3	3-11			11-7	7-3	3-11
Time		0830	0900	2200	Time		0830	0900	2200
Assessed by (initials):		Lo	SV	CH	Assessed by (initials):		Lo	SV	CH
RESPIRATORY	Quality				TUBES AND DRAINAGE				
	Normal	✓	✓	✓					
	Shallow								
	Deep								
	Labored								
	Rate - WNL	✓	✓	✓					
	Slow								
	Rapid								
	Sounds - Clear								
	Abnormal								
	Cough - Productive								
	Non-Productive								
	Humidified O2 Therapy								
	L/Minute								
Incentive Spirometer									
Suctioning-Oral/NI/Trach									
ABDOMEN	Abdomen soft & nondistended	✓	✓	✓	TREATMENTS				
	Abnormal								
	Bowel sounds - Active								
	Abnormal								
Pain-Tenderness									
PULSE/RATE	Regular	✓	✓	✓	I.V. THERAPY				
	Irregular								
	Strong								
	Weak								
	Apical								
	Radial	✓	✓	✓					
REFERRALS	Patient Teaching								

NURSE'S
SIGNATURE:

RN 11-7

7-3

3-11

LPN 11-7

7-3

3-11

11-7

7-3

3-11



DAILY PATIENT ASSESSMENT SHEET

Date 6/8/04			
11-7 7-3 3-11			
Time		4:15	0835
Assessed by (Initials):		LD	SV
RESPIRATORY	Quality	✓	✓
	Normal	✓	✓
	Shallow		
	Deep		
	Labored		
	Rate - WNL	✓	✓
	Slow		
	Rapid		
	Sounds - Clear		
	Abnormal		
	Cough - Productive		
	Non-Productive		
	Humidified O2 Therapy		
	L/Minute		
Incentive Spirometer			
Suctioning-Oral/Ni/Trach			
TUBES AND DRAINAGE			
WOUNDS/ULCERS/DRESSINGS	Wound healing & inflammation		
	Dressing Dry & Intact		
	Dressing Changed		
	Size		
TREATMENTS	Type		
	Location		
PULSE/RATE	Regular	✓	✓
	Irregular		
	Strong		✓
	Weak		
REFERRALS	Apical		
	Radial	✓	✓
	Patient Teaching		
I.V. THERAPY	Bottle #/Rate		
NURSE'S SIGNATURE:	RN 11-7	LD	LPN 11-7
	7-3		7-3
	3-11		3-11



PRISON
HEALTH
SERVICES
INCORPORATED

DAILY PATIENT ASSESSMENT SHEET

				Date <u>6-7-04</u>					
		11-7	7-3	3-11			11-7	7-3	3-11
Time		<u>12A</u>	<u>0735</u>	<u>2000</u>	Time		<u>12A</u>	<u>0735</u>	<u>2000</u>
Assessed by (initials):		<u>AI</u>	<u>7</u>	<u>W</u>	Assessed by (initials):		<u>AI</u>	<u>7</u>	<u>W</u>
RESPIRATORY	Quality				TUBES AND DRAINAGE				
	Normal	✓	✓	✓					
	Shallow								
	Deep								
	Labored								
	Rate - WNL	✓	✓	✓					
	Slow								
	Rapid								
	Sounds - Clear	✓	✓	✓					
	Abnormal								
	Cough - Productive								
	Non-Productive								
	Humidified O2 Therapy								
	L/Minute								
Incentive Spirometer				WOUNDS/ULCERS/DRESSINGS	Dressing Dry & Intact				
Suctioning-Oral/NI/Trach					Dressing Changed				
					Size				
					Type				
					Location				
ABDOMEN	Abdomen soft & nondistended	✓	✓	✓	TREATMENTS	<u>Resp</u>	✓	✓	✓
	Abnormal					<u>ISO</u>			
	Bowel sounds - Active	✓	✓	✓					
	Abnormal								
Pain-Tenderness									
PULSE/RATE	Regular	✓	✓	✓	I.V. THERAPY	Bottle #/Rate			
	Irregular								
	Strong	✓	✓	✓					
	Weak								
	Apical								
	Radial	✓							
REFERRALS	Patient Teaching								
NURSE'S SIGNATURE:		RN: 11-7 <u>G. Jackson, R.N.</u>		RN: 11-7 <u>[Signature]</u>		11-7			
		7-3		7-3		7-3			
		3-11		3-11		3-11			

	Time	Assessed by (initials):	11-7 AJ	7-3 SS	3-11 AJ
RESPIRATORY	Quality				
	Normal				
	Shallow				
	Deep				
	Labored				
	Rate - WNL				
	Slow				
	Rapid				
Sounds - Clear					
Abnormal					
Cough - Productive					
Non-Productive					
Humidified O ₂ Therapy					
L/Minute					
Incentive Spirometer					
Suctioning-Oral/NI/Trach					
ABDOMEN	Abdomen soft & nondistended				
	Abnormal				
	Bowel sounds - Active				
	Abnormal				
	Pain-Tenderness				
PULSE/RATE	Regular				
	Irregular				
	Strong				
	Weak				
	Apical				
	Radial				
REFERRALS	Patient Teaching				

	Time	Assessed by (initials):	11-7 AJ	7-3 SS	3-11 AJ
TUBES AND DRAINAGE					
Wound healing S inflammation					
Dressing Dry & Intact					
Dressing Changed					
Size					
Type					
Location					
TREATMENTS	Resp ISO				
I.V. THERAPY	Bottle #/Rate				
	Site and Rate checked every two hours				

RN 11-7

A. Jackson, R.D.
J. J. Quinn K.

LPN 11-7

7-3

3.13

11-7

7-3

2.11



DAILY PATIENT ASSESSMENT SHEET

Date 6/5/04

		11-7		7-3		3-11				11-7		7-3		3-11		
Time					1125		900	Time					1125		900	
Assessed by (initials):					IS		AD	Assessed by (initials):					IS		AD	
RESPIRATORY	Quality							TUBES AND DRAINAGE								
	Normal				✓		✓									
	Shallow															
	Deep															
	Labored															
	Rate - WNL				✓		✓									
	Slow															
	Rapid															
	Sounds - Clear				✓		✓									
	Abnormal															
	Cough - Productive															
	Non-Productive															
	Humidified O2 Therapy															
L/Minute							WOUNDS/ULCERS/DRESSINGS	Dressing Dry & Intact								
Incentive Spirometer								Dressing Changed								
Suctioning-Oral/NI/Trach								Size								
								Type								
								Location								
ABDOMEN	Abdomen soft & nondistended				✓		✓	TREATMENTS								
	Abnormal															
	Bowel sounds - Active															
	Abnormal															
Pain-Tenderness																
PULSE/RATE	Regular				✓		✓	I.V. THERAPY	Bottle #/Rate							
	Irregular															
	Strong															
	Weak															
	Apical															
Radial																
REFERRALS	Patient Teaching															

NURSE'S
SIGNATURE:

RN 11-7

7-3

3-11

LPN 11-7

7-3

3-11

11-7

7-3

3-11

DAILY PATIENT ASSESSMENT SHEET



Date 6/4/04

		11-7	7-3	3-11			11-7	7-3	3-11
Time		04	0700		Time		04	0700	
Assessed by (initials):		140	8V		Assessed by (initials):		140	8V	
RESPIRATORY	Quality				TUBES AND DRAINAGE				
	Normal	✓	✓						
	Shallow								
	Deep								
	Labored								
	Rate - WNL	✓	✓						
	Slow								
	Rapid								
	Sounds - Clear								
	Abnormal								
	Cough - Productive								
	Non-Productive								
	Humidified O2 Therapy								
L/Minute									
Incentive Spirometer									
Suctioning-Oral/Ni/Trach									
ABDOMEN	Abdomen soft & nondistended	✓	✓		TREATMENTS				
	Abnormal								
	Bowel sounds - Active								
	Abnormal								
	Pain-Tenderness								
PULSE/RATE	Regular	✓	✓		I.V. THERAPY				
	Irregular								
	Strong								
	Weak								
	Apical								
	Radial	✓	✓						
REFERRALS	Patient Teaching	1							
NURSE'S SIGNATURE:		RN 11-7	7-3	LPN 11-7	7-3	11-7		7-3	
		L. H. Hagan		S. Hagan					

**PRISON
HEALTH
SERVICES
INCORPORATED**

Date 6-03-04

11-7				7-3				3-11				11-7				7-3				3-11			
Time		04		0730		1730		Time		04		0730		1730									
Assessed by (initials):		NB		SV		WD		Assessed by (initials):		NB		SV		WD									
RESPIRATORY	Quality							TUBES AND DRAINAGE															
	Normal	✓		✓		✓																	
	Shallow																						
	Deep																						
	Labored																						
	Rate - WNL	✓		✓		✓																	
	Slow																						
	Rapid																						
	Sounds - Clear																						
	Abnormal																						
	Cough - Productive																						
	Non-Productive																						
	Humidified O2 Therapy																						
	L/Minute																						
Incentive Spirometer																							
Suctioning-Oral/NI/Trach																							
ABDOMEN	Abdomen soft & nondistended	✓		✓		✓		TREATMENTS															
	Abnormal																						
	Bowel sounds - Active																						
	Abnormal																						
	Pain-Tenderness																						
PULSE/RATE	Regular	✓		✓		✓		I.V. THERAPY															
	Irregular																						
	Strong																						
	Weak																						
	Apical																						
	Radial	✓		✓		✓																	
REFERRALS	Patient Teaching																						
NURSE'S SIGNATURE:		RN 11-7 <i>[Signature]</i>				LPN 11-7 <i>[Signature]</i>				11-7													
		7-3				7-3 <i>[Signature]</i>				7-3													
		3-11				3-11				3-11													

PRISON
HEALTH
SERVICES
INCORPORATED

Date 6/21/04

11-7				7-3				3-11							
Time		03		0715		1600		Time		03		0715		1600	
Assessed by (initials):		AS		J		AN		Assessed by (initials):		AS		J		AN	
RESPIRATORY	Quality							TUBES AND DRAINAGE							
	Normal	✓		✓		✓									
	Shallow														
	Deep														
	Labored														
	Rate - WNL	✓		✓		✓									
	Slow														
	Rapid														
	Sounds - Clear	✓		✓		✓									
	Abnormal														
	Cough - Productive														
	Non-Productive														
	Humidified O2 Therapy														
	L/Minute														
Incentive Spirometer															
Suctioning-Oral/Ni/Trach															
ABDOMEN	Abdomen soft & nondistended	✓		✓		✓		TREATMENTS							
	Abnormal														
	Bowel sounds - Active	✓		✓		✓									
	Abnormal														
PULSE/RATE	Regular	✓		✓		✓		I.V. THERAPY							
	Irregular														
	Strong	✓													
	Weak														
	Apical														
REFERRALS	Radial	✓		✓		✓									
	Patient Teaching			✓											
		RN 11-7				LPN 11-7				11-7					
NURSE'S SIGNATURE:		7-3				7-3				7-3					
		3-11				3-11				3-11					

PATIENT: Hamm, Anthony

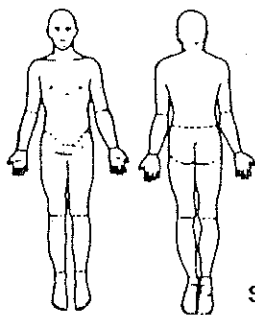
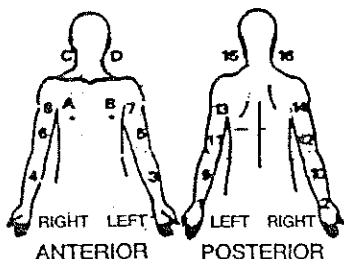
☒ Assessment done; No changes found within established criteria. ☐ Notation in progress notes (indicate in signature/title block)

☐ Assessment done; changes found outside established criteria, details in progress notes. ☐ Assessment done; changes found outside established criteria; secondary to pre-existing condition.

NEUROLOGICAL (A/W/O. MEMORY INTACT, PEARL, ACTIVE ROM
TO ALL EXTREMITIES, SPEECH CLEAR)
NEUROVASCULAR (SKIN WARM, DRY, PINK + PERIPHERAL
PULSE + PALPABLE, NO EDEMA, +
SENSATION)
RESPIRATORY (RATE 10-20 B/MIN AT REST, QUIET, REGULAR,
CLEAR SPUTUM, PINK NAILBEDS, NORMAL
BREATH SOUNDS)
CARDIOVASCULAR (S₁, S₂ AUDIBLE, + APICAL PULSE,
HR REGULAR, VSS; SKIN WARM/DRY)
GASTROINTESTINAL (ABDOMEN SOFT, + BOWEL SOUNDS
IN ALL FOUR QUADRANTS)
GENTIOURINARY (URINE CLEAR, YELLOW TO AMBER,
NO PAIN, VOID) (NO VAG/PENILE DISCHARGE)
INTEGUMENTATION (NO RASHES, NO BREAKDOWN,
NO RED AREAS)
MUSCULOSKELETAL (NO JOINT SWELLING/TENDERNESS
/WEAKNESS)
PSYCH/SOCIAL (APPEARANCE, BEHAVIOR, VERBALIZATION
APPROPRIATE TO SITUATION)
PAIN (IF RELIEVED BY MEDS, INDICATE IN PROGRESS NOTES

[illegible]

HL-HEPLOCK	CD-INT. JUGULAR
IV-INTRAVENOUS	#15-16 - EXT. JUGULAR
A-B-CVP	SI

[illegible]

SIGNATURES/TITLES:

PATIENT CARE NOTES



PRISON
HEALTH
SERVICES
INCORPORATED

DAILY PATIENT ASSESSMENT SHEET

Date

6/22/04

		11-7	7-3	3-11			11-7	7-3	3-11
Time			0700		Time			0700	
Assessed by (initials):			SV		Assessed by (initials):			SV	
RESPIRATORY	Quality				TUBES AND DRAINAGE				
	Normal		✓						
	Shallow								
	Deep								
	Labored								
	Rate - WNL		✓						
	Slow								
	Rapid								
	Sounds - Clear		✓						
	Abnormal								
	Cough - Productive								
	Non-Productive								
	Humidified O2 Therapy								
	L/Minute								
Incentive Spirometer									
Suctioning-Oral/NI/Trach									
ABDOMEN	Abdomen soft & nondistended		✓		TREATMENTS				
	Abnormal								
	Bowel sounds - Active		✓						
	Abnormal								
	Pain-Tenderness								
PULSE/RATE	Regular		✓		I.V. THERAPY				
	Irregular								
	Strong		✓						
	Weak								
	Apical								
	Radial		✓						
REFERRALS	Patient Teaching								

NURSE'S
SIGNATURE:

RN 11-7

7-3

3-11

LPN 11-7

7-3

3-11

S. Vaughn LPN

11-7

7-3

3-11

Site and Rate checked
every two hours



DAILY PATIENT ASSESSMENT SHEET

Date

6/23/04

		11-7	7-3	3-11			11-7	7-3	3-11
Time		11pm	0200		Time		11pm	0700	
Assessed by (initials):		AS	SV		Assessed by (initials):		AS	SV	
RESPIRATORY	Quality				TUBES AND DRAINAGE				
	Normal	✓	✓						
	Shallow								
	Deep								
	Labored								
	Rate - WNL	✓	✓						
	Slow								
	Rapid								
	Sounds - Clear	✓	✓						
	Abnormal								
	Cough - Productive								
	Non-Productive								
	Humidified O2 Therapy								
	L/Minute								
Incentive Spirometer				WOUNDS/ULCERS/DRESSINGS	Dressing Dry & Intact				
Suctioning-Oral/Ni/Trach					Dressing Changed				
					Size				
					Type				
					Location				
ABDOMEN	Abdomen soft & nondistended	✓	✓		TREATMENTS				
	Abnormal								
	Bowel sounds - Active	✓	✓						
	Abnormal								
Pain-Tenderness									
PULSE/RATE	Regular	✓	✓		I.V. THERAPY	Bottle #/Rate			
	Irregular								
	Strong	✓							
	Weak								
	Apical								
	Radial	✓	✓						
REFERRALS	Patient Teaching								
NURSE'S SIGNATURE:	RN 11-7	A. Jackson, R.N.			LPN 11-7	S. Vaughn, LPN			11-7
	7-3				7-3				7-3
	3-11				3-11				3-11



PRISON
HEALTH
SERVICES
INCORPORATED

DAILY PATIENT ASSESSMENT SHEET

Date

6/24/04

		11-7	7-3	3-11			11-7	7-3	3-11
Time			0800	1940	Time			0800	1940
Assessed by (Initials):			SV	RT	Assessed by (Initials):			SV	RT
RESPIRATORY	Quality				TUBES AND DRAINAGE				
	Normal		✓	✓					
	Shallow								
	Deep								
	Labored								
	Rate - WNL		✓	✓					
	Slow								
	Rapid								
	Sounds - Clear		✓	✓					
	Abnormal								
	Cough - Productive								
	Non-Productive								
	Humidified O2 Therapy								
	L/Minute								
Incentive Spirometer				WOUNDS/ULCERS/DRESSINGS	Dressing Dry & Intact				
Suctioning-Oral/Ni/Trach					Dressing Changed				
					Size				
					Type				
					Location				
ABDOMEN	Abdomen soft & nondistended		✓	✓	TREATMENTS				
	Abnormal								
	Bowel sounds - Active		✓	✓					
	Abnormal								
Pain-Tenderness									
PULSE/RATE	Regular		✓	✓	I.V. THERAPY	Bottle #/Rate			
	Irregular								
	Strong		✓	✓					
	Weak								
	Apical								
Radial		✓	✓						
REFERRALS	Patient Teaching								
NURSE'S SIGNATURE:		RN 11-7		LPN 11-7		11-7		11-7	
		7-3		7-3		7-3		7-3	
		3-11		3-11		3-11		3-11	



DAILY PATIENT ASSESSMENT SHEET

Date

6/25/04

		11-7	7-3	3-11			11-7	7-3	3-11
Time			1000	2200	Time			1000	2200
Assessed by (initials):			AF	AF	Assessed by (initials):			AF	AF
RESPIRATORY	Quality				TUBES AND DRAINAGE				
	Normal		✓	✓					
	Shallow								
	Deep								
	Labored								
	Rate - WNL		✓	✓					
	Slow								
	Rapid								
	Sounds - Clear		✓	✓					
	Abnormal								
	Cough - Productive								
	Non-Productive								
	Humidified O2 Therapy								
	L/Minute								
Incentive Spirometer				WOUNDS/ULCERS/DRESSINGS	Dressing Dry & Intact				
Suctioning-Oral/NI/Trach					Dressing Changed				
					Size				
					Type				
ABDOMEN	Abdomen soft & nondistended		✓	✓		Location			
	Abnormal								
	Bowel sounds - Active		✓	✓					
	Abnormal								
Pain-Tenderness				TREATMENTS					
PULSE/RATE	Regular		✓	✓	I.V. THERAPY	Bottle #/Rate			
	Irregular								
	Strong		✓	✓					
	Weak								
	Apical								
	Radial		✓	✓					
REFERRALS	Patient Teaching					Site and Rate checked every two hours			

NURSE'S SIGNATURE:

RN 11-7

7-3

3-11

LPN 11-7

7-3

3-11

11-7

7-3

3-11



DAILY PATIENT ASSESSMENT SHEET

Date: 6/27/4																		
11-7				7-3				3-11										
Time		0210		0915		1800		Time		0210		0915		1800				
Assessed by (Initials):		H		EJ		AN		Assessed by (Initials):		H		EJ		AN				
RESPIRATORY	Quality							TUBES AND DRAINAGE										
	Normal	✓		✓		✓												
	Shallow																	
	Deep																	
	Labored																	
	Rate - WNL	✓		✓		✓												
	Slow																	
	Rapid																	
	Sounds - Clear	✓		✓		✓												
	Abnormal																	
	Cough - Productive																	
	Non-Productive																	
	Humidified O2 Therapy																	
	L/Minute																	
Incentive Spirometer																		
Suctioning-Oral/Ni/Trach																		
ABDOMEN	Abdomen soft & nondistended	✓		✓		✓		TREATMENTS										
	Abnormal																	
	Bowel sounds - Active	✓																
	Abnormal																	
Pain-Tenderness																		
PULSE/RATE	Regular	✓		✓		✓		I.V. THERAPY	Bottle #/Rate									
	Irregular																	
	Strong																	
	Weak																	
	Apical																	
	Radial																	
REFERRALS	Patient Teaching																	
NURSE'S SIGNATURE:	RN 11-7	7-3 EJ				3-11				LPN 11-7	7-3				3-11			



DAILY PATIENT ASSESSMENT SHEET

Date 6/26/04

		11-7		7-3		3-11				11-7		7-3		3-11	
Time		0500				1200				0500				1200	
Assessed by (initials):		MB				EG				MB				EG	
RESPIRATORY	Quality														
	Normal	✓		✓		✓									
	Shallow														
	Deep														
	Labored														
	Rate - WNL	✓		✓		✓									
	Slow														
	Rapid														
	Sounds - Clear	✓		✓		✓									
	Abnormal														
	Cough - Productive														
	Non-Productive														
	Humidified O2 Therapy														
	L/Minute														
Incentive Spirometer															
Suctioning-Oral/NI/Trach															
TUBES AND DRAINAGE															
WOUNDS/ULCERS/DRESSINGS	Wound healing & inflammation														
	Dressing Dry & Intact														
	Dressing Changed														
	Size														
	Type														
TREATMENTS	Location														
PULSE/RATE	Bottle #/Rate														
REFERRALS	Site and Rate checked every two hours														

NURSE'S
SIGNATURE:

RN 11-7

7-3

3-11

LPN 11-7

7-3

3-11

11-7

7-3

3-11



PRISON
HEALTH
SERVICES
INCORPORATED

DAILY PATIENT ASSESSMENT SHEET

Date

6/28/4

		11-7	7-3	3-11			11-7	7-3	3-11
Time		0700A	0740	1800	Time		0700A	0740	1800
Assessed by (initials):		J	SV	R	Assessed by (initials):		J	SV	R
RESPIRATORY	Quality				TUBES AND DRAINAGE				
	Normal	✓	✓	✓					
	Shallow								
	Deep								
	Labored								
	Rate - WNL	✓	✓	✓					
	Slow								
	Rapid								
	Sounds - Clear	✓	✓	✓					
	Abnormal								
	Cough - Productive								
	Non-Productive								
	Humidified O2 Therapy								
	L/Minute								
Incentive Spirometer									
Suctioning-Oral/Ni/Trach									
ABDOMEN	Abdomen soft & nondistended	✓	✓	✓	TREATMENTS				
	Abnormal								
	Bowel sounds - Active	✓	✓	✓					
	Abnormal								
Pain-Tenderness									
PULSE/RATE	Regular	✓	✓	✓	I.V. THERAPY				
	Irregular								
	Strong		✓	✓					
	Weak								
	Apical								
	Radial		✓	✓					
REFERRALS	Patient Teaching								
NURSE'S SIGNATURE:		RN 11-7			LPN 11-7			11-7	
		7-3			7-3			7-3	
		3-11			3-11			3-11	



DAILY PATIENT ASSESSMENT SHEET

Date

6/29/04

		11-7	7-3	3-11			11-7	7-3	3-11
Time			0800	1800	Time			0800	1800
Assessed by (initials):			SV	QW	Assessed by (initials):			SV	QW
RESPIRATORY	Quality				TUBES AND DRAINAGE				
	Normal			✓					
	Shallow								
	Deep								
	Labored								
	Rate - WNL			✓					
	Slow								
	Rapid								
	Sounds - Clear			✓					
	Abnormal								
	Cough - Productive								
	Non-Productive								
	Humidified O2 Therapy								
	L/Minute								
Incentive Spirometer									
Suctioning-Oral/Ni/Trach									
ABDOMEN	Abdomen soft & nondistended			✓	TREATMENTS				
	Abnormal								
	Bowel sounds - Active			✓					
	Abnormal								
Pain-Tenderness									
PULSE/RATE	Regular			✓	I.V. THERAPY				
	Irregular								
	Strong			✓					
	Weak								
	Apical			✓					
Radial			✓						
REFERRALS	Patient Teaching								
NURSE'S SIGNATURE:		RN 11-7		LPN 11-7		11-7			
		7-3		7-3		7-3			
		3-11		3-11		3-11			



PRISON
HEALTH
SERVICES
INCORPORATED

DAILY PATIENT ASSESSMENT SHEET

Date

6/30/04

		11-7	7-3	3-11			11-7	7-3	3-11
Time			0730	1800	Time			0730	1800
Assessed by (initials):			SV	AP	Assessed by (initials):			SV	AP
RESPIRATORY	Quality				TUBES AND DRAINAGE				
	Normal		✓	✓					
	Shallow								
	Deep								
	Labored								
	Rate - WNL		✓	✓					
	Slow								
	Rapid								
	Sounds - Clear		✓	✓					
	Abnormal								
	Cough - Productive								
	Non-Productive								
	Humidified O2 Therapy								
	L/Minute								
Incentive Spirometer									
Suctioning-Oral/Ni/Trach									
ABDOMEN	Abdomen soft & nondistended		✓	✓	TREATMENTS				
	Abnormal								
	Bowel sounds - Active		✓	✓					
	Abnormal								
	Pain-Tenderness								
PULSE/RATE	Regular		✓	✓	I.V. THERAPY				
	Irregular								
	Strong		✓	✓					
	Weak								
	Apical								
Radial		✓	✓						
REFERRALS	Patient Teaching								
NURSE'S SIGNATURE:		RN 11-7		LPN 11-7		11-7		11-7	
		7-3		7-3				7-3	
		3-11		3-11				3-11	



DAILY PATIENT ASSESSMENT SHEET

		11-7			7-3			3-11		
Date		7/1/04								
Time		0400			1330			1900		
Assessed by (initials):		NS			[Signature]			W		
RESPIRATORY	Quality									
	Normal	✓			✓			✓		
	Shallow									
	Deep									
	Labored									
	Rate - WNL	✓			✓			✓		
	Slow									
	Rapid									
	Sounds - Clear				✓			✓		
	Abnormal									
	Cough - Productive									
	Non-Productive									
	Humidified O2 Therapy									
	L/Minute									
	Incentive Spirometer									
Suctioning-Oral/NI/Trach										
TUBES AND DRAINAGE										
WOUNDS/ULCERS/DRESSINGS	Wound healing & inflammation									
	Dressing Dry & Intact									
	Dressing Changed									
	Size									
	Type									
TREATMENTS	Location									
PULSE/RATE	Regular	✓			✓			✓		
	Irregular									
	Strong	✓			✓					
	Weak									
	Apical									
I.V. THERAPY	Radial	✓			✓			✓		
REFERRALS	Patient Teaching									
NURSE'S SIGNATURE:	RN 11-7				LPN 11-7			11-7		
	7-3				[Signature]			7-3		
	3-11				[Signature]			3-11		

**PRISON
HEALTH
SERVICES
INCORPORATED**

			11-7			7-3			3-11						11-7			7-3			3-11		
Time												Time											
Assessed by (initials):												Assessed by (initials):											
RESPIRATORY	Quality												TUBES AND DRAINAGE										
	Normal																						
	Shallow																						
	Deep																						
	Labored																						
	Rate - WNL																						
	Slow																						
	Rapid																						
	Sounds - Clear																						
	Abnormal																						
	Cough - Productive																						
	Non-Productive																						
	Humidified O2 Therapy																						
	L/Minute																						
Incentive Spirometer																							
Suctioning-Oral/NI/Trach																							
ABDOMEN	Abdomen soft & nondistended												TREATMENTS										
	Abnormal																						
	Bowel sounds - Active																						
	Abnormal																						
Pain-Tenderness																							
PULSE/RATE	Regular												I.V. THERAPY										
	Irregular																						
	Strong																						
	Weak																						
	Apical																						
	Radial																						
REFERRALS	Patient Teaching																						
NURSE'S SIGNATURE:		RN 11-7						LPN 11-7						11-7									
		7-3						7-3						7-3									
		3-11						3-11						3-11									

		Date: 7/3/04					
		11-7		7-3		3-11	
Time							
Assessed by (initials):							
RESPIRATORY	Quality						
	Normal						
	Shallow						
	Deep						
	Laborer						
	Rate - WNL						
	Slow						
	Rapid						
	Sounds - Clear						
	Abnormal						
	Cough - Productive						
	Non-Productive						
	Humidified O2 Therapy						
L/Minute							
Incentive Spirometer							
Suctioning-Oral/NI/Trach							
ABDOMEN	Abdomen soft & nondistended						
	Abnormal						
	Bowel sounds - Active						
	Abnormal						
	Pain-Tenderness						
PULSE/RATE	Regular						
	Irregular						
	Strong						
	Weak						
	Apical						
	Radial						
REFERRALS	Patient Teaching						
TUBES AND DRAINAGE							
WOUNDS/ULCERS/DRESSINGS							
TREATMENTS							
I.V. THERAPY							
Bottle #/Rate							
Site and Rate checked every two hours							



DAILY PATIENT ASSESSMENT SHEET

Date: 7/4/04				
11-7 7-3 3-11				
Time	12 AM	7-3	3-11	
Assessed by (initials):	AS	AS	AS	
RESPIRATORY	Quality			
	Normal	✓	✓	✓
	Shallow			
	Deep			
	Labored			
	Rate - WNL	✓	✓	✓
	Slow			
	Rapid			
	Sounds - Clear	✓	✓	✓
	Abnormal			
	Cough - Productive			
	Non-Productive			
	Humidified O2 Therapy			
	L/Minute			
Incentive Spirometer				
Suctioning-Oral/NI/Trach				
ABDOMEN	Abdomen soft & nondistended	✓	✓	✓
	Abnormal			
	Bowel sounds - Active	✓	✓	✓
	Abnormal			
Pain-Tenderness				
PULSE/RATE	Regular	✓	✓	✓
	Irregular			
	Strong	✓	✓	✓
	Weak			
	Apical			
	Radial	✓	✓	✓
REFERRALS	Patient Teaching			
TUBES AND DRAINAGE				
	Wound healing & inflammation			
WOUNDS/ULCERS/DRESSINGS	Dressing Dry & Intact			
	Dressing Changed			
	Size			
	Type			
	Location			
TREATMENTS				
I.V. THERAPY	Bottle #/Rate			
Site and Rate checked every two hours				

NURSE'S SIGNATURE:	RN 11-7	LPN 11-7	11-7
	7-3	7-3	7-3
	3-11	3-11	3-11

RN 11-7: A. Jackson, RN
 LPN 11-7: [Signature]



DAILY PATIENT ASSESSMENT SHEET

		11-7			7-3			3-11					11-7			7-3			3-11												
Date		7/6/04																													
Time						0800										0800															
Assessed by (initials):						SW						AP																			
RESPIRATORY	Quality																														
	Normal																														
	Shallow																														
	Deep																														
	Labored																														
	Rate - WNL																														
	Slow																														
	Rapid																														
	Sounds - Clear																														
	Abnormal																														
	Cough - Productive																														
	Non-Productive																														
	Humidified O2 Therapy																														
	L/Minute																														
Incentive Spirometer																															
Suctioning-Oral/NI/Trach																															
ABDOMEN	Abdomen soft & nondistended																														
	Abnormal																														
	Bowel sounds - Active																														
	Abnormal																														
	Pain-Tenderness																														
PULSE/RATE	Regular																														
	Irregular																														
	Strong																														
	Weak																														
	Apical																														
	Radial																														
REFERRALS	Patient Teaching																														
TUBES AND DRAINAGE																															
WOUNDS/ULCERS/DRESSINGS	Wound healing & inflammation																														
	Dressing Dry & Intact																														
	Dressing Changed																														
	Size																														
	Type																														
TREATMENTS	Location																														
I.V. THERAPY	Bottle #/Rate																														
NURSE'S SIGNATURE:	RN 11-7																														
	7-3																														
	3-11																														
LPN 11-7	7-3	S. Varghese																													
	3-11	A. D. ...																													
11-7	7-3																														
	3-11																														



DAILY PATIENT ASSESSMENT SHEET

Date

7/15/04

		11-7	7-3	3-11			11-7	7-3	3-11	
Time		12 AM	0700	5:30 PM	Time		12 AM	0700	5:30 PM	
Assessed by (initials):		LI	SV	AB	Assessed by (initials):		LI	SV	AB	
RESPIRATORY	Quality	✓	✓	✓	TUBES AND DRAINAGE					
	Normal									
	Shallow									
	Deep									
	Labored									
	Rate - WNL	✓	✓	✓						
	Slow									
	Rapid									
	Sounds - Clear	✓	✓	✓						
	Abnormal									
	Cough - Productive									
	Non-Productive									
	Humidified O2 Therapy									
	L/Minute									
Incentive Spirometer				WOUNDS/ULCERS/DRESSINGS	Dressing Dry & Intact					
Suctioning-Oral/Ni/Trach					Dressing Changed					
					Size					
					Type					
					Location					
ABDOMEN	Abdomen soft & nondistended	✓	✓		✓	TREATMENTS				
	Abnormal									
	Bowel sounds - Active	✓	✓	✓						
	Abnormal									
Pain-Tenderness										
PULSE/RATE	Regular	✓	✓	✓	I.V. THERAPY	Bottle #/Rate				
	Irregular									
	Strong	✓	✓	✓						
	Weak									
	Apical	✓	✓	✓						
	Radial									
REFERRALS	Patient Teaching									
NURSE'S SIGNATURE:		RN 11-7 <i>A. Jackson RN</i>	LPN 11-7 <i>S. Vaughn LPN</i>		11-7		11-7		11-7	
		7-3	7-3		7-3		7-3		7-3	
		3-11 <i>A. Dossel RN</i>	3-11		3-11		3-11		3-11	



PRISON
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INFIRMARY NURSING PROGRESS NOTES

Date/Time	Notes
7/23/04 1600	<p>Continued current POC</p> <p>Needs voiced</p> <p>on etamb in cell, Resp unlabeled bilat, Resp isolation prec. observed & encouraged to voice needs</p> <p>A - altered in comfort R/T diagnosis</p> <p>P - cont. to monitor, record & report — Susan Williams RN</p>
7-24/04 0530	<p>S - NO Complaints voiced @ this time gently</p> <p>O - Awake & alert to no problems noted @ this time. She w/o resp to use.</p> <p>A - AIT Comfort level R/T health status</p> <p>P - Plan & care to monitor cont. — D. Williams</p>
7/24/04 8:30 A	<p>S - no claud voices</p> <p>O - AOK, Resp @ ease, 1 Ad lib in Iso cell, TB progress in therapy, NO acute distress noted</p> <p>A - AIT LOC R/T DX</p> <p>P - Continue plan of care - C. Typee RN</p>
7/24/04 2000	<p>S - NO verbal complaints at this time.</p> <p>O - AOK, 2 Ad lib in IN cell, Iso precaution maintained.</p> <p>P - D. intake good. NO ACUTE DISTRESS noted at this time.</p> <p>A - AIT in Health status R/T DX.</p> <p>P - CONT POC. — A. Baswell RN</p>

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	R/S	FAC.
Adams Anthony	18015	4/5/50	B/M	KF



DAILY PATIENT ASSESSMENT SHEET

				Date <u>7/7/04</u>					
		11-7	7-3	3-11			11-7	7-3	3-11
Time		<u>0400</u>	<u>0805</u>	<u>1700</u>	Time		<u>0400</u>	<u>0805</u>	<u>1700</u>
Assessed by (initials):		<u>MS</u>	<u>MS</u>	<u>WD</u>	Assessed by (initials):		<u>MS</u>	<u>MS</u>	<u>WD</u>
RESPIRATORY	Quality	✓	✓	✓	TUBES AND DRAINAGE				
	Normal	✓	✓	✓					
	Shallow								
	Deep								
	Labored								
	Rate - WNL	✓	✓	✓					
	Slow								
	Rapid								
	Sounds - Clear		✓	✓					
	Abnormal								
	Cough - Productive								
	Non-Productive								
	Humidified O2 Therapy								
	L/Minute								
Incentive Spirometer				WOUNDS/ULCERS/DRESSINGS	Dressing Dry & Intact				
Suctioning-Oral/NI/Trach					Dressing Changed				
					Size				
					Type				
					Location				
ABDOMEN	Abdomen soft & nondistended	✓	✓		✓	TREATMENTS			
	Abnormal								
	Bowel sounds - Active		✓	✓					
	Abnormal								
	Pain-Tenderness								
PULSE/RATE	Regular	✓	✓	✓	I.V. THERAPY	Bottle #/Rate			
	Irregular								
	Strong	✓	✓						
	Weak								
	Apical								
	Radial		✓						
REFERRALS	Patient Teaching								
NURSE'S SIGNATURE:		RN 11-7 7-3		LPN 11-7 <u>[Signature]</u>		11-7 7-3			



DAILY PATIENT ASSESSMENT SHEET

Date

7/24/04

				11-7	7-3	3-11					11-7	7-3	3-11		
Time		0530		830 AM		8:30 PM		Time		0530		830 AM		8:30 PM	
Assessed by (initials):		R		GT		AB		Assessed by (initials):		R		GT		AB	
RESPIRATORY	Quality							TUBES AND DRAINAGE							
	Normal														
	Shallow														
	Deep														
	Labored														
	Rate - WNL														
	Slow														
	Rapid														
	Sounds - Clear														
	Abnormal														
	Cough - Productive														
	Non-Productive														
	Humidified O2 Therapy														
L/Minute															
Incentive Spirometer															
Suctioning-Oral/Ni/Trach															
ABDOMEN	Abdomen soft & nondistended							TREATMENTS							
	Abnormal														
	Bowel sounds - Active														
	Abnormal														
	Pain-Tenderness														
PULSE/RATE	Regular							I.V. THERAPY							
	Irregular														
	Strong														
	Weak														
	Apical														
	Radial														
REFERRALS	Patient Teaching														
NURSE'S SIGNATURE:	RN 11-7					LPN 11-7					11-7				
	7-3					7-3					7-3				



PRISON
HEALTH
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INCORPORATED

DAILY PATIENT ASSESSMENT SHEET

Date

7/25/04

7/25/04

11-7

7-3

3-11

Time

0500

0940

1800

Assessed by (initials):

RB

EF

aw

7/25/04

11-7

7-3

3-11

Time

0500

0940

0940

1800

Assessed by (initials):

RB

EF

EF

aw

RESPIRATORY

Quality

Normal

Shallow

Deep

Labored

Rate - WNL

Slow

Rapid

Sounds - Clear

Abnormal

Cough - Productive

Non-Productive

Humidified O2 Therapy

L/Minute

Incentive Spirometer

Suctioning-Oral/Ni/Trach

TUBES AND DRAINAGE

Wound healing & inflammation

WOUNDS/ULCERS/DRESSINGS

Dressing Dry & Intact

Dressing Changed

Size

Type

Location

ABDOMEN

Abdomen soft & nondistended

Abnormal

Bowel sounds - Active

Abnormal

Pain-Tenderness

TREATMENTS

PULSE/RATE

Regular

Irregular

Strong

Weak

Apical

Radial

I.V. THERAPY

Bottle #/Rate

Site and Rate checked every two hours

REFERRALS

Patient Teaching

NURSE'S
SIGNATURE:

RN 11-7

7-3

3-11

EF

LPN 11-7

7-3

3-11

RB

aw

11-7

7-3

3-11

11-7				7-3				3-11			
Time		0500	0940	1800	Time		0500	0940	1800		
Assessed by (initials):		RB	EJ	AW	Assessed by (initials):		RB	EJ	AW		
BEHAVIOR/MENTAL STATUS	Alert	✓	✓	✓	SKIN	Temperature: Warm	✓	✓	✓		
	Oriented x 3	✓	✓	✓		Hot					
	Disoriented					Cool					
	Lethargic					Turgor: Good	✓	✓	✓		
	Cooperative	✓	✓	✓		Fair					
	Combative/Uncooperative					Poor					
	Anxious					Moisture: Dry	✓	✓	✓		
	Depressed					Moist					
						Color: WNL	✓	✓	✓		
SPEECH	Clear	✓	✓	✓	Pale						
	Slurred				Flushed						
	Rambling				Cyanotic						
	Aphasic				Jaundice						
	Inappropriate				Edema (location/amount)	✓	✓	✓			
SENSATION/MOVEMENT	Moves all extremities	✓	✓	✓	TUBE FEEDINGS	Free of pressure/irritation	✓	✓	✓		
	Weakness					Tube feeding/Type:	✓	✓	✓		
	Paralysis					Bottle changed	✓	✓	✓		
	Paresthesia					Tubing changed	✓	✓	✓		
	CMS intact										
ACTIVITIES	Bedrest				SAFETY	Restraints: soft wrist/posey					
	Turn q 2 hours <i>Self</i>	✓		✓		Call light in reach					
	OOB (chair)					Bed in low position	✓	✓	✓		
	BRP		✓			Siderails: up x 4					
	Bedside commode					Ambulacrum					
	Ambulate <i>Assist</i>	✓	✓	✓							
HYGIENE	Complete/Assist/Partial				OTHER	Decub. mattress/pad		✓	✓		
	Shower/Shampoo					TED hose: knee hi/high hi		✓	✓		
	Oral Care					Remove 30 q 8 hours		✓	✓		
	P.M. Care				NURSING ROUNDS	Checked on rounds	✓	✓	✓		
	Peri-Care					Respirations unchanged					
	<i>Self</i>	✓	✓	✓							
	Doctor's visits										

INMATE NAME (LAST, FIRST, MIDDLE)

Adams Anthony

DOC#

180187

DOB

4-5-56

RACE/SEX

B/M

FAC.

KCF

		11-7	7-3	3-11			11-7	7-3	3-11	
Time		1530	8:30A	8:30PM	Time		1530	8:30A	8:30PM	
Assessed by (initials):		R	GT	AD	Assessed by (initials):		R	GT	AD	
BEHAVIOR/MENTAL STATUS	Alert	✓	✓	✓	SKIN	Temperature: Warm	✓	✓	✓	
	Oriented x 3	✓	✓	✓		Hot				
	Disoriented					Cool				
	Lethargic					Turgor: Good	✓	✓	✓	
	Cooperative	✓	✓	✓		Fair				
	Combative/Uncooperative					Poor				
	Anxious					Moisture: Dry	✓	✓	✓	
	Depressed					Moist				
SPEECH	Clear	✓	✓	✓		Color: WNL	✓	✓	✓	
	Slurred					Pale				
	Rambling					Flushed				
	Aphasic					Cyanotic				
	Inappropriate					Jaundice				
						Edema (location/amount)				
SENSATION/MOVEMENT	Moves all extremities	✓	✓	✓		TUBE FEEDINGS	Free of pressure/irritation			
	Weakness						Tube feeding/Type:	✓	✓	✓
	Paralysis				Bottle changed		✓	✓	✓	
	Paresthesia				Tubing changed	✓	✓	✓		
	CMS intact				SAFETY	Restraints: soft wrist/posey				
ACTIVITIES	Bedrest					Call light in reach				
	Turn q 2 hours					Bed in low position	✓	✓	✓	
	OOB (chair)					Siderails: up x 4				
	BRP					Ambulacrum				
	Bedside commode				OTHER	Decub. mattress/pad	✓	✓	✓	
	Ambulate	✓	✓	✓		TED hose: knee hi/thigh hi	✓	✓	✓	
				Remove 30 q 8 hours		✓	✓	✓		
HYGIENE	Complete/Assist/Partial				NURSING ROUNDS	Checked on rounds	✓	✓	✓	
	Shower/Shampoo					Respirations unchanged	✓	✓	✓	
	Oral Care									
	P.M. Care									
	Peri-Care									
	Doctor's visits	✓	✓	✓						

INMATE NAME (LAST, FIRST, MIDDLE)

Adams

DOC#

Anthony

180187

DOB

4-9-56

RACE/SEX

BS

FAC.

✓ Acceptable normal

X Within normal limits

11-7				7-3				3-11				11-7				7-3				3-11						
Assessed by (initials):		Hoo NS		OBS NS		Hoo W		Time		0400 NS		OBS NS		Hoo W		Assessed by (initials):		Hoo NS		OBS NS		Hoo W				
BEHAVIOR/MENTAL STATUS	Alert	✓	✓	✓	✓	✓	✓	SKIN	Temperature: Warm	✓	✓	✓	✓	✓	✓	✓	TUBE FEEDINGS	Tube feeding/Type:	✓	✓	✓	✓	✓	✓		
	Oriented x 3	✓	✓	✓	✓	✓	✓		Hot	✓	✓	✓	✓	✓	✓	✓		✓	Bottle changed	✓	✓	✓	✓	✓	✓	
	Disoriented								Cool										Tubing changed							
	Lethargic								Turgor: Good	✓	✓	✓	✓	✓	✓	✓		✓	Restraints: soft wrist/posey							
	Cooperative	✓	✓	✓	✓	✓	✓		Fair										Call light in reach	✓	✓	✓	✓	✓	✓	
	Combative/Uncooperative								Poor										Bed in low position	✓	✓	✓	✓	✓	✓	
	Anxious								Moisture: Dry	✓	✓	✓	✓	✓	✓	✓		✓	Siderails: up x 4							
	Depressed								Moist											Ambulacrum						
SPEECH	Clear	✓	✓	✓	✓	✓	✓	Color: WNL	✓	✓	✓	✓	✓	✓	✓	✓	OTHER	Decub. mattress/pad	✓	✓	✓	✓	✓	✓		
	Slurred							Pale										TED hose: knee hi/thigh hi								
	Rambling							Flushed											Remove 30 q 8 hours							
	Aphasic							Cyanotic											Checked on rounds	✓	✓	✓	✓	✓	✓	
	Inappropriate							Jaundice											Respirations unchanged							
SENSATION/MOVEMENT	Moves all extremities	✓	✓	✓	✓	✓	✓	Edema (location/amount)									NURSING ROUNDS									
	Weakness							Free of pressure/irritation										✓	Acceptable normal	X	Within normal limits					
	Paralysis																									
	Paresthesia																									
	CMS intact																									
ACTIVITIES	Bedrest							SAFETY	Restraints: soft wrist/posey								HYGIENE	Complete/Assist/Partial								
	Turn q 2 hours	self	✓	✓	✓	✓	✓		Call light in reach										Shower/Shampoo							
	OOB (chair)								Bed in low position	✓	✓	✓	✓	✓	✓	✓			Oral Care							
	BRP								Siderails: up x 4										P.M. Care							
	Bedside commode								Ambulacrum										Peri-Care							
	Ambulate	✓	✓	✓	✓	✓	✓												self	✓	✓	✓	✓	✓	✓	✓
HYGIENE	Complete/Assist/Partial							OTHER	Decub. mattress/pad	✓	✓	✓	✓	✓	✓	✓	NURSING ROUNDS	Checked on rounds	✓	✓	✓</					

Adams, Anthony



INFIRMARY NURSING PROGRESS NOTES

Date/Time	
7/25/04 0400	S- NO complaints voiced O- NO Acute distress NOTED. Continue Resp. ISOLATION A- ALT IN Health Status R/T DX P- Continue POC RBMyn/APN
7/25/04 0940	S- No verbal CO @ this time. O- Alert & Oriented x3, Remains on Resp Isolation. PO intake good, Output good. No acute distress Noted. Resp assessment done. A- Current health status R/T dx P- Monitor & follow plan of care. E. Green
7/25/04 1800	S- No complaints voiced @ present. O- A+OX 3, color WNL. Remains on resp isolation. No acute distress noted. A- Alteration in health status R/T dx. P- Cont plan of care. A. Willis
7/26/04 11-7	S- NO complaints voiced @ present O- A+O x3. Remain on Resp Isolation. NO acute distress. A- Alt In Health Status R/T DX P- CONTINUE POC RBMyn/APN
7/26/04 @ 8:30 am	Pt discharged from resp isolation & cleared for placement into population. K.O. J.

		11-7	7-3	3-11			11-7	7-3	3-11
Assessed by (initials):		<i>AS</i>	<i>SV</i>	<i>AB</i>	Assessed by (initials):		<i>AS</i>	<i>W</i>	<i>AB</i>
BEHAVIOR/MENTAL STATUS	Alert	✓	✓	✓	SKIN	Temperature: Warm	✓	✓	✓
	Oriented x 3	✓	✓	✓		Hot			
	Disoriented					Cool			
	Lethargic					Turgor: Good	✓	✓	✓
	Cooperative	✓	✓	✓		Fair			
	Combative/Uncooperative					Poor			
	Anxious					Moisture: Dry	✓	✓	✓
	Depressed					Moist			
SPEECH	Clear	✓	✓	✓	Color: WNL	✓	✓	✓	
	Slurred				Pale				
	Rambling				Flushed				
	Aphasic				Cyanotic				
	Inappropriate				Jaundice				
					Edema (location/amount)				
SENSATION/MOVEMENT	Moves all extremities	✓	✓	✓	TUBE FEEDINGS	Free of pressure/irritation			
	Weakness					Tube feeding/Type:			
	Paralysis					Bottle changed			
	Paresthesia					Tubing changed			
	CMS intact								
ACTIVITIES	Bedrest				SAFETY	Restraints: soft wrist/posey			
	Turn q 2 hours <i>self</i>	✓	✓	✓		Call light in reach			
	OOB (chair)					Bed in low position	✓	✓	✓
	BRP					Siderails: up x 4			
	Bedside commode					Ambularm			
	Ambulate <i>adultr</i>	✓	✓	✓					
HYGIENE	Complete/Assist/Partial				OTHER	Decub. mattress/pad			
	Shower/Shampoo					TED hose: knee hi/thigh hi			
	Oral Care					Remove 30 q 8 hours			
	P.M. Care				NURSING ROUNDS	Checked on rounds	✓	✓	✓
	Peri-Care					Respirations unchanged	✓		✓
	<i>self</i>	✓	✓	✓					
	Doctor's visit								

✓ Acceptable normal

X Within normal limits

INMATE NAME (LAST, FIRST, MIDDLE)

*Adams,**Anthony*

DOC#

180127

DOB

4/5/56

RACE/SEX

BM

FAC.

KCF

		11-7		7-3		3-11				11-7		7-3		3-11	
Time				0800		2/66		Time				0800		2/66	
Assessed by (initials):				W		QD		Assessed by (initials):				W		QD	
BEHAVIORMENTAL STATUS	Alert				✓		✓	SKIN	Temperature: Warm				✓		✓
	Oriented x 3				✓		✓		Hot						
	Disoriented								Cool						
	Lethargic								Turgor: Good				✓		✓
	Cooperative				✓		✓		Fair						
	Combative/Uncooperative								Poor						
	Anxious								Moisture: Dry				✓		✓
	Depressed								Moist						
									Color: WNL				✓		✓
SPEECH	Clear				✓		✓	Pale							
	Slurred							Flushed							
	Rambling							Cyanotic							
	Aphasic							Jaundice							
	Inappropriate							Edema (location/amount)				✓		✓	
SENSATION/MOVEMENT	Moves all extremities				✓		✓	TUBE FEEDINGS	Tube feeding/Type:						
	Weakness														
	Paralysis								Bottle changed						
	Paresthesia								Tubing changed						
	CMS intact														
ACTIVITIES	Bedrest							SAFETY	Restraints: soft wrist/posey						
	Turn q 2 hours								Call light in reach						
	OOB (chair)								Bed in low position				✓		✓
	BRP								Siderails: up x 2				✓		✓
	Bedside commode								Ambularm						
	Ambulate				✓		✓								
HYGIENE	Complete/Assist/Partial							OTHER	Decub. mattress/pad						
	Shower/Shampoo								TED hose: knee hi/thigh hi						
	Oral Care								Remove 30 q 8 hours						
	P.M. Care							NURSING ROUNDS	Checked on rounds				✓		✓
	Peri-Care								Respirations unchanged						
	Doctor's visits				✓		✓								
<div style="display: flex; justify-content: space-between;"> ✓ Acceptable normal X Within normal limits </div>															

INMATE NAME (LAST, FIRST, MIDDLE)

DOC#

DOB

RACE/SEX

FAC.

		11-7	7-3	3-11			11-7	7-3	3-11
Assessed by (initials):		<i>AS</i>	<i>AS</i>	<i>AS</i>	Time		<i>AS</i>	<i>AS</i>	<i>AS</i>
BEHAVIOR/MENTAL STATUS	Avert	✓	✓	✓	SKIN	Temperature: Warm	✓	✓	✓
	Oriented x 3	✓	✓	✓		Hot			
	Disoriented					Cool			
	Lethargic					Turgor: Good	✓	✓	✓
	Cooperative					Fair			
	Combative/Uncooperative					Poor			
	Anxious					Moisture: Dry	✓	✓	✓
	Depressed					Moist			
SPEECH	Clear					Color: WNL	✓	✓	✓
	Slurred					Pale			
	Rambling					Flushed			
	Aphasic					Cyanotic			
	Inappropriate					Jaundice			
						Edema (location/amount)			
SENSATION/MOVEMENT	Moves all extremities	✓	✓	✓		Free of pressure/irritation			
	Weakness					TUBE FEEDINGS	Tube feeding/Type:		
	Paralysis				Bottle changed				
	Paresthesia				Tubing changed				
	CMS intact				SAFETY	Restraints: soft wrist/posey			
ACTIVITIES	Bedrest					Call light in reach			
	Turn q 2 hours	✓	✓	✓		Bed in low position	✓	✓	
	OOB (chair)					Siderails: up x 4			
	BRP					Ambularm			
	Bedside commode				OTHER	Decub. mattress/pad			
	Ambulate	✓	✓	✓		TED hose: knee hi/high hi			
				Remove 30 q 8 hours					
HYGIENE	Complete/Assist/Partial				NURSING ROUNDS	Checked on rounds	✓	✓	
	Shower/Shampoo					Respirations unchanged	✓	✓	
	Oral Care								
	P.M. Care								
	Peri-Care	✓	✓	✓					
	Doctor's visits								

INMATE NAME (LAST, FIRST, MIDDLE)

Adams, Anthony

DOC#

180127

DOB

4/5/56

RACE/SEX

Bm

FAC.

KCF

		11-7	7-3	3-11			11-7	7-3	3-11
T:					Time				
Assessed by (initials):					Assessed by (initials):				
BEHAVIOR/MENTAL STATUS	Alert				SKIN	Temperature: Warm			
	Oriented x 3					Hot			
	Disoriented					Cool			
	Lethargic					Turgor: Good			
	Cooperative					Fair			
	Combative/Uncooperative					Poor			
	Anxious					Moisture: Dry			
	Depressed					Moist			
SPEECH	Clear					Color: WNL			
	Slurred					Pale			
	Rambling					Flushed			
	Aphasic					Cyanotic			
	Inappropriate					Jaundice			
						Edema (location/amount)			
SENSATION/MOVEMENT	Moves all extremities					Free of pressure/irritation			
	Weakness					TUBE FEEDINGS	Tube feeding/Type:		
	Paralysis				Bottle changed				
	Paresthesia				Tubing changed				
	CMS intact				SAFETY	Restraints: soft wrist/posey			
ACTIVITIES	Bedrest					Call light in reach			
	Turn q 2 hours					Bed in low position			
	OOB (chair)					Siderails: up x 4			
	BRP					Ambulairm			
	Bedside commode				OTHER	Decub. mattress/pad			
	Ambulate					TED hose: knee hi/high hi			
				Remove 30 q 8 hours					
HYGIENE	Complete/Assist/Partial				NURSING ROUNDS	Checked on rounds			
	Shower/Shampoo					Respirations unchanged			
	Oral Care								
	P.M. Care								
	Peri-Care								
	POC self								
	Doctor's visits								

INMATE NAME (LAST, FIRST, MIDDLE)

Adams,

Anthony

DOC#

180123

DOB

4/5/56

RACE/SEX

B/m

FAC.

KCF

		11-7	7-3	3-11			11-7	7-3	3-11	
T:					Time					
Assessed by (initials):					Assessed by (initials):					
BEHAVIOR/MENTAL STATUS	Alert				SKIN	Temperature: Warm				
	Oriented x 3					Hot				
	Disoriented					Cool				
	Lethargic					Turgor: Good				
	Cooperative					Fair				
	Combative/Uncooperative					Poor				
	Anxious					Moisture: Dry				
	Depressed					Moist				
						Color: WNL				
SPEECH	Clear					Pale				
	Slurred					Flushed				
	Rambling					Cyanotic				
	Aphasic					Jaundice				
	Inappropriate					Edema (location/amount)				
SENSATION/MOVEMENT	Moves all extremities					TUBE FEEDINGS	Tube feeding/Type:			
	Weakness									
	Paralysis						Bottle changed			
	Paresthesia					Tubing changed				
	CMS intact				SAFETY	Restraints: soft wrist/posey				
	Bedrest					Call light in reach				
Turn q 2 hours <i>Self</i>				Bed in low position						
OOB (chair)				Siderails: up x 4						
BRP				Ambulacard						
Bedside commode				OTHER		Decub. mattress/pad				
Ambulate					TED hose: knee hi/high hi					
					Remove 30 q 8 hours					
HYGIENE	Complete/Assist/Partial				NURSING ROUNDS	Checked on rounds				
	Shower/Shampoo					Respirations unchanged				
	Oral Care									
	P.M. Care									
	Peri-Care									
	<i>Self</i>									
	Doctor's visits									
						<input checked="" type="checkbox"/> Acceptable normal <input checked="" type="checkbox"/> Within normal limits				

NMATE NAME (LAST, FIRST, MIDDLE)

Adams Anthony

DOC#

18015/4/5/56

DOB

RACE/SEX

FAC.

		11-7	7-3	3-11			11-7	7-3	3-11
Time		0400	1300	1900	Time		0400	1300	1900
Assessed by (initials):		NS	ES	W	Assessed by (initials):		NS	ES	W
BEHAVIOR/MENTAL STATUS	Alert	✓	✓	✓	SKIN	Temperature: Warm	✓	✓	✓
	Oriented x 3	✓	✓	✓		Hot			
	Disoriented					Cool			
	Lethargic					Turgor: Good	✓	✓	✓
	Cooperative	✓	✓	✓		Fair			
	Combative/Uncooperative					Poor			
	Anxious					Moisture: Dry	✓	✓	✓
	Depressed					Moist			
						Color: WNL	✓	✓	✓
Clear	✓	✓	✓	Pale					
Slurred				Flushed					
Rambling				Cyanotic					
Aphasic				Jaundice					
Inappropriate				Edema (location/amount)		/	/	/	
Moves all extremities	✓	✓	✓	Free of pressure/irritation		/	/	/	
Weakness									
Paralysis									
Paresthesia									
CMS intact									
ACTIVITIES	Bedrest		✓	✓	SAFETY	Tube feeding/Type:	/	/	/
	Turn q 2 hours	Self	✓	✓		Bottle changed	/	/	/
	OOB (chair)		✓			Tubing changed	/	/	/
	BRP		✓			Restraints: soft wrist/posey		✓	
	Bedside commode		✓			Call light in reach	✓	✓	✓
	Ambulate	Self	✓	✓	Bed in low position		✓	✓	
HYGIENE	Complete/Assist/Partial				OTHER	Siderails: up x 4	✓	✓	✓
	Shower/Shampoo					Ambulacare			
	Oral Care					Decub. mattress/pad	/	/	/
	P.M. Care				NURSING ROUNDS	TED hose: knee hi/thigh hi	/	/	/
	Peri-Care					Remove 30 q 8 hours	/	/	/
	Self	✓	✓	✓		Checked on rounds	✓	✓	
	Doctor's visits		✓	✓		Respirations unchanged			

✓ Acceptable normal

X Within normal limits

NMATE NAME (LAST, FIRST, MIDDLE)

DOC#

DOB

RACE/SEX

FAC.

Adams Anthony

180127

4/5/56

Blm

KCF

		11-7	7-3	3-11			11-7	7-3	3-11
Time			0730	1800	Time			0730	1800
Assessed by (initials):			SV	QA	Assessed by (initials):			SV	QA
BEHAVIORAL STATUS	Alert		✓	✓	SKIN	Temperature: Warm		✓	✓
	Oriented x 3		✓	✓		Hot			
	Disoriented					Cool			
	Lethargic					Turgor: Good		✓	✓
	Cooperative		✓	✓		Fair			
	Combative/Uncooperative					Poor			
	Anxious					Moisture: Dry		✓	✓
	Depressed					Moist			
						Color: WNL		✓	✓
						Pale			
SPEECH	Clear		✓	✓	Flushed				
	Slurred				Cyanotic				
	Rambling				Jaundice				
	Aphasic				Edema (location/amount)				
	Inappropriate								
SENSATION/MOVEMENT	Moves all extremities		✓	✓	TUBE FEEDINGS	Free of pressure/irritation			
	Weakness					Tube feeding/Type:			
	Paralysis					Bottle changed			
	Paresthesia					Tubing changed			
	CMS intact								
ACTIVITIES	Bedrest				SAFETY	Restraints: soft wrist/posey			
	Turn q 2 hours					Call light in reach			
	OOB (chair)					Bed in low position		✓	✓
	BRP					Siderails: up x 4			
	Bedside commode					Ambulacard			
	Ambulate		✓	✓					
HYGIENE	Complete/Assist/Partial				OTHER	Decub. mattress/pad			
	Shower/Shampoo					TED hose: knee hi/thigh hi			
	Oral Care		✓			Remove 30 q 8 hours			
	P.M. Care		✓		NURSING ROUNDS	Checked on rounds		✓	✓
	Peri-Care		✓			Respirations unchanged			
	Self		✓						
	Doctor's visits								

✓ Acceptable normal

X Within normal limits

INMATE NAME (LAST, FIRST, MIDDLE)

Adams Anthony

DOC#

180127

DOB

4/5/56

RACE/SEX

B/m

FAC.

KCF

		11-7	7-3	3-11			11-7	7-3	3-11
Time			0800	1800	Time			0800	1800
Assessed by (initials):			SV	OW	Assessed by (initials):			SV	OW
BEHAVIORAL STATUS	Alert		✓	✓	SKIN	Temperature: Warm		✓	✓
	Oriented x 3		✓	✓		Hot			
	Disoriented					Cool			
	Lethargic					Turgor: Good		✓	✓
	Cooperative		✓	✓		Fair			
	Combative/Uncooperative					Poor			
	Anxious					Moisture: Dry		✓	✓
	Depressed					Moist			
						Color: WNL		✓	✓
SPEECH	Clear		✓	✓		Pale			
	Slurred					Flushed			
	Rambling					Cyanotic			
	Aphasic					Jaundice			
	Inappropriate					Edema (location/amount)			
SENSATION/MOVEMENT	Moves all extremities		✓	✓		Free of pressure/irritation			
	Weakness					TUBE FEEDINGS	Tube feeding/Type:		
	Paralysis						Bottle changed		
	Paresthesia						Tubing changed		
	CMS intact				SAFETY	Restraints: soft wrist/posey			
ACTIVITIES	Bedrest					Call light in reach			
	Turn q 2 hours					Bed in low position		✓	
	OOB (chair)					Siderails: up x 4			
	BRP					Ambulacare			
	Bedside commode								
	Ambulate		✓	✓	OTHER	Decub. mattress/pad			
HYGIENE	Complete/Assist/Partial					TED hose: knee hi/thigh hi			
	Shower/Shampoo					Remove 30 q 8 hours			
	Oral Care				NURSING ROUNDS	Checked on rounds		✓	
	P.M. Care					Respirations unchanged		✓	
	Peri-Care								
	Self		✓	✓					
	Doctor's visits								
					<input checked="" type="checkbox"/> Acceptable normal <input type="checkbox"/> Within normal limits				

NMATE NAME (LAST, FIRST, MIDDLE)

DOC#

DOB

RACE/SEX

FAC.

Adams, Anthony

180107

4/5/56 B/m

KCF

		11-7	7-3	3-11			11-7	7-3	3-11
Time		0200A	0740	1800	Time		0200A	0740	1800
Assessed by (initials):		SV	SV	PC	Assessed by (initials):		SV	SV	PC
BEHAVIORAL STATUS	Alert	✓	✓	✓	SKIN	Temperature: Warm	✓	✓	✓
	Oriented x 3	✓	✓	✓		Hot			
	Disoriented					Cool			
	Lethargic					Turgor: Good	✓	✓	✓
	Cooperative	✓	✓	✓		Fair			
	Combative/Uncooperative					Poor			
	Anxious					Moisture: Dry	✓	✓	✓
	Depressed					Moist			
						Color: WNL	✓	✓	✓
Clear	✓	✓	✓	Pale					
Slurred				Flushed					
Rambling				Cyanotic					
Aphasic				Jaundice					
Inappropriate				Edema (location/amount)		0	0	0	
				Free of pressure/irritation					
SPEECH	Moves all extremities	✓	✓	✓		TUBE FEEDINGS	Tube feeding/Type:	1	1
	Weakness				Bottle changed		1	1	1
	Paralysis				Tubing changed				
	Paresthesia				SAFETY	Restraints: soft wrist/posey			
	CMS intact					Call light in reach			
				Bed in low position		✓	✓	✓	
				Siderails: up x 4					
				Ambulacard					
SENSATION/MOVEMENT	Bedrest				OTHER	Decub. mattress/pad	1		
	Turn q 2 hours					TED hose: knee hi/thigh hi	1		
	OOB (chair)					Remove 30 q 8 hours	1		
	BRP				NURSING ROUNDS	Checked on rounds	✓	✓	✓
	Bedside commode					Respirations unchanged			
	Ambulate	✓	✓	✓					
ACTIVITIES	Complete/Assist/Partial				<input checked="" type="checkbox"/> Acceptable normal <input checked="" type="checkbox"/> Within normal limits				
	Shower/Shampoo								
	Oral Care								
	P.M. Care								
	Peri-Care								
	Ref	✓	✓	✓					
	Doctor's visits								
HYGIENE									

NMATE NAME (LAST, FIRST, MIDDLE)

Adams,

Anthony

DOC#

18007

DOB

45-56

RACE/SEX

Blm

FAC.

KCF

		11-7		7-3		3-11				11-7		7-3		3-11	
Time		0500		1210		1800		Time		0500		1210		1800	
Assessed by (initials):		MB		EG		W		Assessed by (initials):		MB		EG		W	
BEHAVIOR/MENTAL STATUS	Alert	✓		✓		✓		SKIN	Temperature: Warm	✓		✓		✓	
	Oriented x 3	✓		✓		✓			Hot						
	Disoriented								Cool						
	Lethargic								Turgor: Good	✓		✓		✓	
	Cooperative	✓		✓		✓			Fair						
	Combative/Uncooperative								Poor						
	Anxious								Moisture: Dry	✓		✓		✓	
	Depressed								Moist						
									Color: WNL	✓		✓		✓	
									Pale						
SPEECH	Clear	✓		✓		✓		Flushed							
	Slurred							Cyanotic							
	Rambling							Jaundice							
	Aphasic							Edema (location/amount)	-		-		-		
	Inappropriate														
SENSATION/MOVEMENT	Moves all extremities	✓		✓		✓		TUBE FEEDINGS	Tube feeding/Type:	N/A					
	Weakness														
	Paralysis								Bottle changed						
	Paresthesia								Tubing changed						
	CMS intact														
ACTIVITIES	Bedrest							SAFETY	Restraints: soft wrist/posey						
	Turn q 2 hours <i>Self</i>	✓							Call light in reach						
	OOB (chair)								Bed in low position	✓					
	BRP								Siderails: up x 4						
	Bedside commode								Ambulacare						
	Ambulate			✓		✓									
HYGIENE	Complete/Assist/Partial							OTHER	Decub. mattress/pad						
	Shower/Shampoo								TED hose: knee hi/high hi						
	Oral Care								Remove 30 q 8 hours						
	P.M. Care						NURSING ROUNDS	Checked on rounds	✓		✓		✓		
	Peri-Care								Respirations unchanged	✓					
	<i>Self</i>	✓		✓		✓									
	Doctor's Visits														

✓ Acceptable normal

X Within normal limits

NMATE NAME (LAST, FIRST, MIDDLE)

DOC#

DOB

RACE/SEX

FAC.

180127

4/5/56

B/m

KCF

Adams, Anthony

		11-7	7-3	3-11			11-7	7-3	3-11	
Time			9:15	1800	Time			9:15	1800	
Assessed by (initials):			ES	AM	Assessed by (initials):			ES	AM	
BEHAVIOR/MENTAL STATUS	Alert		✓	✓	SKIN	Temperature: Warm		✓	✓	
	Oriented x 3		✓	✓		Hot				
	Disoriented					Cool				
	Lethargic					Turgor: Good		✓	✓	
	Cooperative		✓	✓		Fair				
	Combative/Uncooperative					Poor				
	Anxious					Moisture: Dry		✓	✓	
	Depressed					Moist				
						Color: WNL		✓	✓	
SPEECH	Clear		✓	✓	Pale					
	Slurred				Flushed					
	Rambling				Cyanotic					
	Aphasic				Jaundice					
	Inappropriate				Edema (location/amount)		1	1		
SENSATION/MOVEMENT	Moves all extremities		✓	✓	TUBE FEEDINGS	Free of pressure/irritation				
	Weakness					Tube feeding/Type:		1	1	
	Paralysis					Bottle changed				
	Paresthesia					Tubing changed				
	CMS intact					SAFETY	Restraints: soft wrist/posey		1	1
Bedrest				Call light in reach						
Turn q 2 hours				Bed in low position						
OOB (chair)				Siderails: up x 4						
BRP				Ambulacrum						
ACTIVITIES	Bedside commode				OTHER	Decub. mattress/pad		1	1	
	Ambulate		✓	✓		TED hose: knee hi/high hi				
						Remove 30 q 8 hours				
						NURSING ROUNDS	Checked on rounds		✓	✓
							Respirations unchanged			
HYGIENE	Complete/Assist/Partial				NURSING ROUNDS					
	Shower/Shampoo									
	Oral Care									
	P.M. Care									
	Peri-Care									
	Seefcare		✓	✓						
Doctor's visits										
					<input checked="" type="checkbox"/> Acceptable normal <input checked="" type="checkbox"/> Within normal limits					

INMATE NAME (LAST, FIRST, MIDDLE)

DOC#

DOB

RACE/SEX

FAC.

Adams, Anthony

180127

4/5/56

B/M

KCF

		11-7	7-3	3-11			11-7	7-3	3-11	
Time					Time					
Assessed by (initials):					Assessed by (initials):					
BEHAVIOR/MENTAL STATUS	Alert		✓	✓	SKIN	Temperature: Warm		✓	✓	
	Oriented x 3		✓	✓		Hot				
	Disoriented					Cool		✓	✓	
	Lethargic					Turgor: Good		✓	✓	
						Fair				
	Cooperative		✓	✓		Poor				
	Combative/Uncooperative					Moisture: Dry		✓	✓	
	Anxious					Moist				
	Depressed					Color: WNL		✓	✓	
SPEECH	Clear		✓	✓	Pale					
	Slurred				Flushed					
	Rambling				Cyanotic					
	Aphasic				Jaundice					
	Inappropriate				Edema (location/amount)		⊕	⊕		
SENSATION/MOVEMENT	Moves all extremities		✓	✓	TUBE FEEDINGS	Free of pressure/irritation				
	Weakness					Tube feeding/Type:				
						Bottle changed				
	Paralysis					Tubing changed				
	Paresthesia					SAFETY	Restraints: soft wrist/posey			
CMS intact				Call light in reach			✓	✓		
ACTIVITIES	Bedrest				Bed in low position					
	Turn q 2 hours		✓	✓	Siderails: up x 4					
	OOB (chair)				Ambulacard					
	BRP		✓	✓	OTHER	Decub. mattress/pad				
	Bedside commode					TED hose: knee hi/thigh hi				
Ambulate		✓	✓	Remove 30 q 8 hours			✓	✓		
HYGIENE	Complete/Assist/Partial					NURSING ROUNDS	Checked on rounds		✓	✓
	Shower/Shampoo						Respirations unchanged		✓	✓
	Oral Care									
	P.M. Care									
	Peri-Care		✓	✓						
	Self-care									
	Doctor's visits									

NMAE NAME (LAST, FIRST, MIDDLE)

Adams Anthony

DOC#

180627

DOB

RACE/SEX

FAC.

✓ Acceptable normal

X Within normal limits

		11-7	7-3	3-11			11-7	7-3	3-11
Time			0800	1900	Time			0800	1900
Assessed by (initials):			W	COT	Assessed by (initials):			W	COT
BEHAVIOR/MENTAL STATUS	Alert		✓	✓	SKIN	Temperature: Warm		✓	✓
	Oriented x 3		✓	✓		Hot			
	Disoriented					Cool			
	Lethargic					Turgor: Good		✓	✓
	Cooperative		✓	✓		Fair			
	Combative/Uncooperative					Poor			
	Anxious					Moisture: Dry		✓	✓
	Depressed					Moist			
Clear		✓	✓	Color: WNL			✓	✓	
Slurred				Pale					
Rambling				Flushed					
Aphasic				Cyanotic					
Inappropriate				Jaundice					
SENSATION/MOVEMENT	Moves all extremities		✓	✓	Edema (location/amount)		✓	✓	
	Weakness								
	Paralysis								
	Paresthesia								
	CMS intact				Free of pressure/irritation		✓	✓	
ACTIVITIES	Bedrest				TUBE FEEDINGS	Tube feeding/Type:			
	Turn q 2 hours								
	OOB (chair)					Bottle changed		✓	✓
	BRP					Tubing changed			
	Bedside commode								
	Ambulate		✓	✓	SAFETY	Restraints: soft wrist/posey			
				Call light in reach			✓	✓	
				Bed in low position					
				Siderails: up x 2			✓	✓	
HYGIENE	Complete/Assist/Partial				OTHER	Ambulacare			
	Shower/Shampoo					Decub. mattress/pad			
	Oral Care		✓	✓		TED hose: knee hi/high hi			
	P.M. Care				Remove 30 q 8 hours				
	Peri-Care		✓	✓	NURSING ROUNDS	Checked on rounds		✓	✓
						Respirations unchanged		✓	✓
	Doctor's visits		✓	✓					
						<input checked="" type="checkbox"/> Acceptable normal <input type="checkbox"/> Within normal limits			

NMATE NAME (LAST, FIRST, MIDDLE)

Adams, Anthony

DOC#

180122

DOB

4/5/56

RACE/SEX

B/M

FAC.

KCR

		11-7	7-3	3-11			11-7	7-3	3-11
Time		11-7	7-3	3-11	Time		11-7	7-3	3-11
Assessed by (initials):		AS	SV		Assessed by (initials):		AS	SV	
BEHAVIOR/MENTAL STATUS	Alert	✓	✓		SKIN	Temperature: Warm	✓	✓	
	Oriented x 3	✓	✓			Hot			
	Disoriented					Cool			
	Lethargic					Turgor: Good	✓	✓	
	Cooperative	✓	✓			Fair			
	Combative/Uncooperative					Poor			
	Anxious					Moisture: Dry	✓	✓	
	Depressed					Moist			
						Color: WNL	✓	✓	
SPEECH	Clear	✓	✓		Pale				
	Slurred				Flushed				
	Rambling				Cyanotic				
	Aphasic				Jaundice				
	Inappropriate				Edema (location/amount)	B	B		
SENSATION/MOVEMENT	Moves all extremities	✓	✓		TUBE FEEDINGS	Free of pressure/irritation			
	Weakness					Tube feeding/Type:	1	1	
	Paralysis					Bottle changed			
	Paresthesia					Tubing changed			
	CMS intact					SAFETY	Restraints: soft wrist/posey	1	1
ACTIVITIES	Bedrest				Call light in reach				
	Turn q 2 hours				Bed in low position				
	OOB (chair)				Siderails: up x 4				
	BRP				Ambulacrum				
	Bedside commode				OTHER	Decub. mattress/pad	1	1	
Ambulate	✓	✓		TED hose: knee hi/thigh hi					
				Remove 30 q 8 hours					
HYGIENE	Complete/Assist/Partial				NURSING ROUNDS	Checked on rounds	✓	✓	
	Shower/Shampoo					Respirations unchanged	✓	✓	
	Oral Care								
	P.M. Care								
	Peri-Care								
	self	✓	✓						
	Doctor's visits								
					<input checked="" type="checkbox"/> Acceptable normal <input type="checkbox"/> Within normal limits				

INMATE NAME (LAST, FIRST, MIDDLE)

Adams, Anthony

DOC#

180127

DOB

4/5/58

RACE/SEX

BM

FAC.

KCF

		11-7	7-3	3-11			11-7	7-3	3-11
Time			0700		Time			0700	
Assessed by (initials):			SV		Assessed by (initials):			SV	
BEHAVIOR/MENTAL STATUS	Alert		✓		SKIN	Temperature: Warm		✓	
	Oriented x 3		✓			Hot			
	Disoriented					Cool			
	Lethargic					Turgor: Good		✓	
	Cooperative		✓			Fair			
	Combative/Uncooperative					Poor			
	Anxious					Moisture: Dry		✓	
	Depressed					Moist			
						Color: WNL		✓	
				Pale					
SPEECH	Clear		✓		Flushed				
	Slurred				Cyanotic				
	Rambling				Jaundice				
	Aphasic				Edema (location/amount)				
	Inappropriate								
SENSATION/MOVEMENT	Moves all extremities		✓		TUBE FEEDINGS	Free of pressure/irritation			
	Weakness					Tube feeding/Type:			
	Paralysis					Bottle changed			
	Paresthesia				Tubing changed				
	CMS intact				SAFETY	Restraints: soft wrist/posey			
Bedrest				Call light in reach					
Turn q 2 hours				Bed in low position			✓		
OOB (chair)				Siderails: up x 2			✓		
BRP				Ambulacrum					
Bedside commode									
ACTIVITIES	Ambulate		✓		OTHER	Decub. mattress/pad			
						TED hose: knee hi/thigh hi			
HYGIENE	Complete/Assist/Partial					NURSING ROUNDS	Remove 30 q 8 hours		
	Shower/Shampoo				Checked on rounds			✓	
	Oral Care				Respirations unchanged			✓	
	P.M. Care								
	Peri-Care								
	Self		✓						
	Doctor's visits								
					<input checked="" type="checkbox"/> Acceptable normal <input type="checkbox"/> Within normal limits				

INMATE NAME (LAST, FIRST, MIDDLE)

Adams, Anthony

DOC#

180127

DOB

4/5/56

RACE/SEX

B/m

FAC.

KCF

DATE:

7-311311-7

SIGNATURES/TITLES:

		11-7	7-3	3-11			11-7	7-3	3-11
Time		03	025	1600	Time		03	025	1600
Assessed by (initials):		AS	AS	AM	Assessed by (initials):		AS	AS	AM
BEHAVIOR/MENTAL STATUS	Alert	✓	✓	✓	SKIN	Temperature: Warm	✓	✓	✓
	Oriented x 3	✓	✓	✓		Hot			
	Disoriented					Cool			
	Lethargic					Turgor: Good	✓	✓	✓
						Fair			
	Cooperative	✓	✓	✓		Poor			
	Combative/Uncooperative					Moisture: Dry	✓	✓	✓
	Anxious					Moist			
	Depressed					Color: WNL	✓	✓	✓
				Pale					
SPEECH	Clear	✓	✓	✓	Flushed				
	Slurred				Cyanotic				
	Rambling				Jaundice				
	Aphasic				Edema (location/amount)	6	2	0	
	Inappropriate								
SENSATION/MOVEMENT	Moves all extremities	✓	✓	✓	TUBE FEEDINGS	Free of pressure/irritation			
	Weakness					Tube feeding/Type:	1	1	1
						Bottle changed	1	1	1
	Paralysis					Tubing changed			
	Paresthesia								
	CMS intact				SAFETY	Restraints: soft wrist/posey	1	1	1
				Call light in reach		1	1	1	
				Bed in low position		1	1	1	
				Siderails: up x 4		1	1	1	
				Ambulairm					
ACTIVITIES	Bedrest				OTHER	Decub. mattress/pad	1	1	1
	Turn q 2 hours					TED hose: knee hi/thigh hi	1	1	1
	OOB (chair)					Remove 30 q 8 hours			
	BRP								
	Bedside commode					NURSING ROUNDS	Checked on rounds	✓	✓
Ambulate	✓	✓	✓	Respirations unchanged	✓				
HYGIENE	Complete/Assist/Partial				NURSING ROUNDS				
	Shower/Shampoo								
	Oral Care								
	P.M. Care								
	Peri-Care								
	Self	✓	✓						
	Doctor's visits								
					<input checked="" type="checkbox"/> Acceptable normal <input type="checkbox"/> Within normal limits				

NMATE NAME (LAST, FIRST, MIDDLE)

Adams, Anthony

DOC#

180/27

DOB

4/15/56

RACE/SEX

Bm

FAC.

KCF

11-7				7-3				3-11			
Time		04	0730	130	Time		04	0730	130		
Assessed by (initials):		16	SV	LD	Assessed by (initials):		16	SV	LD		
BEHAVIOR/MENTAL STATUS	Alert	✓	✓	✓	SKIN	Temperature: Warm	✓	✓	✓		
	Oriented x 3	✓	✓	✓		Hot					
	Disoriented					Cool					
	Lethargic					Turgor: Good	✓	✓	✓		
	Cooperative	✓	✓	✓		Fair					
	Combative/Uncooperative					Poor					
	Anxious					Moisture: Dry	✓	✓	✓		
	Depressed					Moist					
SPEECH	Clear	✓	✓	✓	TUBE FEEDINGS	Color: WNL	✓	✓	✓		
	Slurred					Pale					
	Rambling					Flushed					
	Aphasic					Cyanotic					
	Inappropriate					Jaundice					
						Edema (location/amount)					
SENSATION/MOVEMENT	Moves all extremities	✓	✓	✓		OTHER	Free of pressure/irritation				
	Weakness						Tube feeding/Type:				
	Paralysis						Bottle changed				
	Paresthesia						Tubing changed				
	CMS intact				Restraints: soft wrist/posey						
					Call light in reach						
ACTIVITIES	Bedrest				SAFETY	Bed in low position					
	Turn q 2 hours					Siderails: up x 4					
	OOB (chair)					Ambularm					
	BRP					Decub. mattress/pad					
	Bedside commode					TED hose: knee hi/high hi					
	Ambulate <i>self</i>	✓	✓	✓		Remove 30 q 8 hours					
HYGIENE	Complete/Assist/Partial				NURSING ROUNDS	Checked on rounds	✓	✓	✓		
	Shower/Shampoo					Respirations unchanged	✓				
	Oral Care										
	P.M. Care										
	Peri-Care <i>self</i>										
	Doctor's visits										
				<input checked="" type="checkbox"/> Acceptable normal <input type="checkbox"/> Within normal limits							

PATIENT NAME (LAST, FIRST, MIDDLE)

Adams, Anthony

DOC#

180/23

DOB

4/5/56

RACE/SEX

B/M

FAC.

KCF

11-7				7-3				3-11				11-7				7-3				3-11							
Time		04		0700				Time		04		0700					Assessed by (initials):		DO		SV						
Assessed by (initials):		DO		SV				Assessed by (initials):		DO		SV						Assessed by (initials):		DO		SV					
BEHAVIOR/MENTAL STATUS	Alert	✓		✓				SKIN	Temperature: Warm	✓		✓						TUBE FEEDINGS	Tube feeding/Type:	1		1					
	Oriented x 3	✓		✓					Hot											Bottle changed							
	Disoriented								Cool											Tubing changed	1		1				
	Lethargic								Turgor: Good	✓		✓									Restraints: soft wrist/posey	1		1			
	Cooperative	✓		✓					Fair											Call light in reach							
	Combative/Uncooperative								Poor											Bed in low position							
	Anxious								Moisture: Dry											Siderails: up x 4							
	Depressed								Moist											Ambularm							
Clear	✓		✓				Color: WNL		✓		✓									Decub. mattress/pad	1		1				
Slurred							Pale													TED hose: knee hi/thigh hi							
Rambling							Flushed													Remove 30 q 8 hours							
Aphasic							Cyanotic													Checked on rounds	✓		✓				
Inappropriate							Jaundice													Respirations unchanged	✓		✓				
Moves all extremities	✓		✓				Edema (location/amount)																				
Weakness							Free of pressure/irritation																				
Paralysis																											
Paresthesia																											
CMS intact																											
ACTIVITIES	Bedrest							SAFETY	Restraints: soft wrist/posey	1		1						OTHER	Decub. mattress/pad	1		1					
	Turn q 2 hours								Call light in reach											TED hose: knee hi/thigh hi							
	OOB (chair)								Bed in low position											Remove 30 q 8 hours							
	BRP								Siderails: up x 4												Checked on rounds	✓		✓			
	Bedside commode								Ambularm												Respirations unchanged	✓		✓			
	Ambulate <i>self</i>	✓		✓																							
HYGIENE	Complete/Assist/Partial							NURSING ROUNDS	Checked on rounds	✓		✓						NURSING ROUNDS	Checked on rounds	✓		✓					
	Shower/Shampoo								Respirations unchanged	✓		✓															
	Oral Care																										
	P.M. Care																										
	Peri-Care <i>self</i>																										
	Doctor's visits																										

✓ Acceptable normal

X Within normal limits

PATIENT NAME (LAST, FIRST, MIDDLE)

Adams, Anthony

DOC#

180123

DOB

4/5/56

RACE/SEX

B/M

FAC.

KCF

		11-7	7-3	3-11			11-7	7-3	3-11
Time				1125					9PM
Assessed by (initials):				AD					AD
BEHAVIOR/MENTAL STATUS	Alert			✓					✓
	Oriented x 3			✓					✓
	Disoriented								
	Lethargic								
	Cooperative								
	Combative/Uncooperative								
	Anxious								
	Depressed								
SPEECH	Clear			✓					✓
	Slurred								
	Rambling								
	Aphasic								
	Inappropriate								
SENSATION/MOVEMENT	Moves all extremities			✓					✓
	Weakness								
	Paralysis								
	Paresthesia								
	CMS intact								
ACTIVITIES	Bedrest								
	Turn q 2 hours								
	OOB (chair)								
	BRP								
	Bedside commode								
	Ambulate <i>self</i>			✓				✓	
HYGIENE	Complete/Assist/Partial								
	Shower/Shampoo								
	Oral Care								
	P.M. Care								
	Peri-Care <i>self</i>			✓				✓	
	Doctor's visits								
SKIN	Temperature: Warm							✓	✓
	Hot								
	Cool								
	Turgor: Good							✓	✓
	Fair								
	Poor								
	Moisture: Dry							✓	✓
	Moist								
	Color: WNL							✓	✓
	Pale								
TUBE FEEDINGS	Flushed								
	Cyanotic								
	Jaundice								
	Edema (location/amount)								
	Free of pressure/irritation								
SAFETY	Tube feeding/Type:							1	1
	Bottle changed							1	1
	Tubing changed								
	Restraints: soft wrist/posey								
	Call light in reach							✓	✓
	Bed in low position								
OTHER	Siderails: up x 4								
	Ambularm								
NURSING ROUNDS	Decub. mattress/pad								
	TED hose: knee hi/high hi								
	Remove 30 q 8 hours								
NURSING ROUNDS	Checked on rounds							✓	✓
	Respirations unchanged							✓	✓
<input checked="" type="checkbox"/> Acceptable normal <input checked="" type="checkbox"/> Within normal limits									

INMATE NAME (LAST, FIRST, MIDDLE)

ADAMS, ANTHONY

DOC#

180123

DOB

4/5/56

RACE/SEX

B/M

FAC.

KCF

		11-7		7-3		3-11				11-7		7-3		3-11	
Time		12:00		1500		1800		Time		12:00		1500		1800	
Assessed by (Initials):		AJ		AJ		AJ		Assessed by (Initials):		AJ		AJ		AJ	
BEHAVIOR/MENTAL STATUS	Alert	✓		✓		✓		SKIN	Temperature: Warm	✓		✓		✓	
	Oriented x 3	✓		✓		✓			Hot						
	Disoriented								Cool						
	Lethargic								Turgor: Good	✓		✓		✓	
	Cooperative								Fair						
	Combative/Uncooperative								Poor						
	Anxious								Moisture: Dry	✓		✓		✓	
	Depressed								Moist						
									Color: WNL	✓		✓		✓	
							Pale								
							Flushed								
							Cyanotic								
							Jaundice								
							Edema (location/amount)								
							Free of pressure/irritation								
SPEECH	Clear	✓		✓		✓		TUBE FEEDINGS	Tube feeding/Type:						
	Slurred								Bottle changed						
	Rambling								Tubing changed						
	Aphasic														
	Inappropriate														
SENSATION/MOVEMENT	Moves all extremities	✓		✓		✓		SAFETY	Restraints: soft wrist/posey						
	Weakness								Call light in reach						
	Paralysis								Bed in low position	✓		✓		✓	
	Paresthesia								Siderails: up x 4						
	CMS intact								Ambularm						
ACTIVITIES	Bedrest							OTHER	Decub. mattress/pad						
	Turn q 2 hours								TED hose: knee hi/high hi						
	OOB (chair)								Remove 30 q 8 hours						
	BRP							NURSING ROUNDS	Checked on rounds	✓		✓		✓	
	Bedside commode								Respirations unchanged	✓		✓		✓	
	Ambulate <i>self</i>	✓		✓		✓									
HYGIENE	Complete/Assist/Partial														
	Shower/Shampoo														
	Oral Care														
	P.M. Care														
	Peri-Care														
	<i>self</i>	✓		✓		✓									
	Doctor's visits														

✓ Acceptable normal

X Within normal limits

IMATE NAME (LAST, FIRST, MIDDLE)

DOC#

DOB

RACE/SEX

FAC.

Adams, Anthony

180/23

4/5/52

B/m

Kdf

		11-7	7-3	3-11			11-7	7-3	3-11
Time		124	0725		Time		124	0725	
Assessed by (initials):					Assessed by (initials):				
BEHAVIOR/MENTAL STATUS	Alert	✓	✓		SKIN	Temperature: Warm	✓	✓	
	Oriented x 3	✓	✓			Hot			
	Disoriented					Cool			
	Lethargic					Turgor: Good	✓	✓	
	Cooperative		✓			Fair			
	Combative/Uncooperative					Poor	✓	✓	
	Anxious					Moisture: Dry			
	Depressed					Moist			
						Color: WNL	✓	✓	
SPEECH	Clear	✓	✓		Pale				
	Slurred				Flushed				
	Rambling				Cyanotic				
	Aphasic				Jaundice				
	Inappropriate				Edema (location/amount)	0	0		
SENSATION/MOVEMENT	Moves all extremities	✓	✓		TUBE FEEDINGS	Free of pressure/irritation			
	Weakness					Tube feeding/Type:			
	Paralysis					Bottle changed	1	1	
	Paresthesia					Tubing changed			
	CMS intact								
ACTIVITIES	Bedrest				SAFETY	Restraints: soft wrist/posey			
	Turn q 2 hours					Call light in reach			
	OOB (chair)					Bed in low position	✓	✓	
	BRP					Siderails: up x 4			
	Bedside commode					Ambulacrum			
	Ambulate <i>ad lib</i>	✓	✓						
HYGIENE	Complete/Assist/Partial				OTHER	Decub. mattress/pad			
	Shower/Shampoo					TED hose: knee hi/thigh hi			
	Oral Care					Remove 30 q 8 hours			
	P.M. Care				NURSING ROUNDS	Checked on rounds	✓	✓	
	Peri-Care <i>Self</i>	✓	✓			Respirations unchanged	✓		
	Doctor's visits								

INMATE NAME (LAST, FIRST, MIDDLE)

Adams, Anthony

DOC#

180123

DOB

4/5/36

RACE/SEX

BM

FAC.

KCF

		11-7	7-3	3-11			11-7	7-3	3-11	
Time		4:15	0835		Time		4:15	0835		
Assessed by (initials):		do	SV		Assessed by (initials):		do	SV		
BEHAVIOR/MENTAL STATUS	Alert	✓	✓		SKIN	Temperature: Warm	✓	✓		
	Oriented x 3	✓	✓			Hot				
	Disoriented					Cool				
	Lethargic					Turgor: Good	✓	✓		
	Cooperative	✓	✓			Fair				
	Combative/Uncooperative					Poor				
	Anxious					Moisture: Dry	✓	✓		
	Depressed					Moist				
						Color: WNL	✓	✓		
SPEECH	Clear	✓	✓			Pale				
	Slurred					Flushed				
	Rambling					Cyanotic				
	Aphasic					Jaundice				
	Inappropriate					Edema (location/amount)				
SENSATION/MOVEMENT	Moves all extremities	✓	✓			TUBE FEEDINGS	Tube feeding/Type:			
	Weakness									
	Paralysis						Bottle changed			
	Paresthesia					Tubing changed				
	CMS intact				SAFETY	Restraints: soft wrist/posey				
ACTIVITIES	Bedrest					Call light in reach				
	Turn q 2 hours					Bed in low position				
	OOB (chair)					Siderails: up x 4				
	BRP					Ambularm				
	Bedside commode					OTHER	Decub. mattress/pad			
	Ambulate <i>self</i>	✓	✓		TED hose: knee hi/thigh hi					
				Remove 30 q 8 hours						
HYGIENE	Complete/Assist/Partial				NURSING ROUNDS	Checked on rounds	✓	✓		
	Shower/Shampoo					Respirations unchanged	✓	✓		
	Oral Care									
	P.M. Care									
	Peri-Care <i>self</i>		✓							
	Doctor's visits									
					<input checked="" type="checkbox"/> Acceptable normal <input type="checkbox"/> Within normal limits					

PATIENT NAME (LAST, FIRST, MIDDLE)

Adams, Anthony

DOC#

180123

DOB

4/5/56

RACE/SEX

B/M

FAC.

KCF

		11-7	7-3	3-11			11-7	7-3	3-11
Time		0830	0900	2100	Time		0830	0900	2100
Assessed by (initials):		LD	SV	OT	Assessed by (initials):		LD	SV	OT
BEHAVIOR/MENTAL STATUS	Alert	✓	✓	✓	SKIN	Temperature: Warm	✓	✓	✓
	Oriented x 3	✓	✓	✓		Hot			
	Disoriented					Cool			
	Lethargic					Turgor: Good	✓	✓	✓
	Cooperative	✓	✓	✓		Fair			
	Combative/Uncooperative					Poor			
	Anxious					Moisture: Dry	✓	✓	✓
	Depressed					Moist			
						Color: WNL	✓	✓	✓
				Pale					
				Flushed					
				Cyanotic					
				Jaundice					
				Edema (location/amount)					
				Free of pressure/irritation					
SPEECH	Clear	✓	✓	✓	TUBE FEEDINGS	Tube feeding/Type:	✓	✓	✓
	Slurred								
	Rambling					Bottle changed	✓	✓	✓
	Aphasic				Tubing changed				
	Inappropriate								
SENSATION/MOVEMENT	Moves all extremities	✓	✓	✓	SAFETY	Restraints: soft wrist/posey	✓	✓	✓
	Weakness					Call light in reach	✓	✓	✓
	Paralysis					Bed in low position	✓	✓	✓
	Paresthesia					Siderails: up x 4	✓	✓	✓
	CMS intact					Ambulacrum	✓	✓	✓
ACTIVITIES	Bedrest				OTHER	Decub. mattress/pad	✓	✓	✓
	Turn q 2 hours					TED hose: knee hi/thigh hi	✓	✓	✓
	OOB (chair)					Remove 30 q 8 hours	✓	✓	✓
	BRP				NURSING ROUNDS	Checked on rounds	✓	✓	✓
	Bedside commode					Respirations unchanged	✓	✓	✓
Ambulate <i>self</i>	✓	✓	✓						
HYGIENE	Complete/Assist/Partial								
	Shower/Shampoo								
	Oral Care								
	P.M. Care								
	Peri-Care								
	Doctor's visits								

✓ Acceptable normal X Within normal limits

INMATE NAME (LAST, FIRST, MIDDLE)

Adams, Anthony

DOC#

180123

DOB

4/5/56

RACE/SEX

B/M

FAC.

KCF

		11-7	7-3	3-11			11-7	7-3	3-11	
Time		2:00		2:10	Time		2:00		2:10	
Assessed by (initials):		DL		AL	Assessed by (initials):		DL		AL	
BEHAVIOR/MENTAL STATUS	Alert	✓		✓	SKIN	Temperature: Warm	✓		✓	
	Oriented x 3	✓		✓		Hot				
	Disoriented					Cool				
	Lethargic					Turgor: Good	✓		✓	
	Cooperative	✓		✓		Fair				
	Combative/Uncooperative					Poor				
	Anxious					Moisture: Dry	✓		✓	
	Depressed					Moist				
						Color: WNL	✓		✓	
				Pale						
SPEECH	Clear	✓		✓	Flushed					
	Slurred				Cyanotic					
	Rambling				Jaundice					
	Aphasic				Edema (location/amount)					
	Inappropriate									
SENSATION/MOVEMENT	Moves all extremities	✓		✓	TUBE FEEDINGS	Tube feeding/Type:	✓		✓	
	Weakness									
	Paralysis					Bottle changed				
	Paresthesia				Tube changed					
	CMS intact				SAFETY	Restraints: soft wrist/posey	✓		✓	
Bedrest				Call light in reach						
Turn q 2 hours				Bed in low position						
OOB (chair)				Siderails: up x 4						
BRP				Ambulacare						
ACTIVITIES	Bedside commode				OTHER	Decub. mattress/pad	✓		✓	
	Ambulate	Self ✓		✓		TED hose: knee hi/thigh hi	✓		✓	
						Remove 30 q 8 hours				
	HYGIENE	Complete/Assist/Partial				NURSING ROUNDS	Checked on rounds	✓		✓
		Shower/Shampoo					Respirations unchanged	✓		✓
Oral Care										
P.M. Care										
Peri-Care										
Doctor's visit		Self ✓		✓						

✓ Acceptable normal

X Within normal limits

NMATE NAME (LAST, FIRST, MIDDLE)

Adams

Smith

DOC#

180123

DOB

4-5-56

RACE/SEX

B/g

FAC.

KCR

		11-7	7-3	3-11			11-7	7-3	3-11
Time			0730		Time			0730	
Assessed by (initials):			B		Assessed by (initials):			B	
BEHAVIOR/MENTAL STATUS	Alert		✓		SKIN	Temperature: Warm		✓	
	Oriented x 3		✓			Hot			
	Disoriented					Cool			
	Lethargic					Turgor: Good		✓	
	Cooperative		✓			Fair			
	Combative/Uncooperative					Poor			
	Anxious					Moisture: Dry			
	Depressed					Moist			
						Color: WNL		✓	
				Pale					
SPEECH	Clear		✓		Flushed				
	Slurred				Cyanotic				
	Rambling				Jaundice				
	Aphasic				Edema (location/amount)		0		
	Inappropriate								
SENSATION/MOVEMENT	Moves all extremities		✓		TUBE FEEDINGS	Tube feeding/Type:		1	
	Weakness					Bottle changed			
	Paralysis					Tubing changed			
	Paresthesia				SAFETY	Restraints: soft wrist/posey		1	
	CMS intact					Call light in reach			
				Bed in low position					
				Siderails: up x 4					
				Ambularm					
ACTIVITIES	Bedrest				OTHER	Decub. mattress/pad		1	
	Turn q 2 hours					TED hose: knee hi/high hi			
	OOB (chair)					Remove 30 q 8 hours			
	BRP				NURSING ROUNDS	Checked on rounds		✓	
	Bedside commode					Respirations unchanged			
Ambulate		✓							
HYGIENE	Complete/Assist/Partial								
	Shower/Shampoo								
	Oral Care								
	P.M. Care								
	Peri-Care								
	Doctor's visits		✓						

✓ Acceptable normal

X Within normal limits

NMATE NAME (LAST, FIRST, MIDDLE)

DOC#

DOB

RACE/SEX

FAC.

Adams

Anthony

4/15/64

B/m

Ref

11-7				7-3				3-11				11-7				7-3				3-11													
Time		2:00		0900		1700		Time		2:00		0900		1700		Assessed by (initials):		R		SV		ATN		Assessed by (initials):		R		SV		ATN			
BEHAVIOR/MENTAL STATUS	Alert	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	SKIN	Temperature: Warm	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																
	Oriented x 3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Hot	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																
	Disoriented	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Cool	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																
	Lethargic	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Turgor: Good	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																
	Cooperative	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Fair	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																
	Combative/Uncooperative	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Poor	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																
	Anxious	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Moisture: Dry	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																
	Depressed	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Moist	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Color: WNL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																
SPEECH	Clear	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pale	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																	
	Slurred	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Flushed	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																	
	Rambling	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Cyanotic	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																	
	Aphasic	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Jaundice	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																	
	Inappropriate	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Edema (location/amount)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																	
SENSATION/MOVEMENT	Moves all extremities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Free of pressure/irritation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																	
	Weakness	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																	
	Paralysis	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																	
	Paresthesia	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																	
	CMS intact	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																	
ACTIVITIES	Bedrest	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	SAFETY	Restraints: soft wrist/posey	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																	
	Turn q 2 hours	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Call light in reach	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																
	OOB (chair)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Bed in low position	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																
	BRP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Siderails: up x 4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																
	Bedside commode	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Ambulacard	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																
	Ambulate <i>Self</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																
HYGIENE	Complete/Assist/Partial	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	OTHER	Decub. mattress/pad	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																	
	Shower/Shampoo	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		TED hose: knee hi/high hi	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																
	Oral Care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Remove 30 q 8 hours	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																
	P.M. Care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	NURSING ROUNDS	Checked on rounds	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																	
	Peri-Care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Respirations unchanged	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																
	<i>Self</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																
	Doctor's visits	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																

INMATE NAME (LAST, FIRST, MIDDLE)

Adams

DOC#

180123

DOB

4/5/56

RACE/SEX

BB

FAC.

ATN

11-7				7-3				3-11				11-7				7-3				3-11														
Time		5A		9A		7:00PM		Time		5A		9A		7:00PM		Assessed by (initials):		5A		9A		7:00PM		Assessed by (initials):		5A		9A		7:00PM				
Assessed by (initials):		DA		EG		AB		Assessed by (initials):		DA		EG		AB		Assessed by (initials):		DA		EG		AB		Assessed by (initials):		DA		EG		AB				
BEHAVIORAL STATUS	Alert	✓		✓		✓		SKIN	Temperature: Warm	✓		✓		✓		TUBE FEEDINGS	Tube feeding/Type:	✓		✓		✓		SAFETY	Restraints: soft wrist/posey	✓		✓		✓				
	Oriented x 3	✓		✓		✓			Hot								Call light in reach	✓		✓		✓			Bed in low position	✓		✓		✓				
	Disoriented								Cool								Siderails: up x 4	✓		✓		✓			Ambulacrum	✓		✓		✓				
	Lethargic								Turgor: Good	✓		✓		✓																				
	Cooperative	✓		✓		✓			Fair																									
	Combative/Uncooperative								Poor																									
	Anxious								Moisture: Dry	✓		✓		✓																				
	Depressed								Moist																									
									Color: WNL	✓		✓		✓																				
SPEECH	Clear	✓		✓		✓		Pale																										
	Slurred							Flushed																										
	Rambling							Cyanotic																										
	Aphasic							Jaundice																										
	Inappropriate							Edema (location/amount)																										
SENSATION/MOVEMENT	Moves all extremities	✓		✓		✓		Free of pressure/irritation																										
	Weakness																																	
	Paralysis																																	
	Paresthesia																																	
	CMS intact																																	
ACTIVITIES	Bedrest							OTHER	Decub. mattress/pad	✓		✓		✓		NURSING ROUNDS	Checked on rounds	✓		✓		✓		HYGIENE	Complete/Assist/Partial									
	Turn q 2 hours								TED hose: knee hi/high hi	✓		✓		✓																				
	OOB (chair)								Remove 30 q 8 hours	✓		✓		✓																				
	BRP																																	
	Bedside commode																																	
	Ambulate	Self	✓		✓		✓																											
HYGIENE	Shower/Shampoo																																	
	Oral Care																																	
	P.M. Care																																	
	Peri-Care																																	
	Self																																	
	Doctor's visits																																	

✓ Acceptable normal

X Within normal limits

INMATE NAME (LAST, FIRST, MIDDLE)

Adams, Anthony

DOC#

180123

DOB

4/5/86

RACE/SEX

B/M

FAC.

KCF

		11-7	7-3	3-11			11-7	7-3	3-11
Time		1100	1230	1800	Time		1100	1230	1800
Assessed by (initials):		PC	EG	AN	Assessed by (initials):		PC	EG	AN
BEHAVIORMENTAL STATUS	Alert	✓	✓	✓	SKIN	Temperature: Warm	✓	✓	✓
	Oriented x 3	✓	✓	✓		Hot			
	Disoriented					Cool			
	Lethargic					Turgor: Good	✓	✓	✓
	Cooperative	✓	✓	✓		Fair			
	Combative/Uncooperative					Poor			
	Anxious					Moisture: Dry	✓	✓	✓
	Depressed					Moist			
						Color: WNL	✓	✓	✓
						Pale			
SPEECH	Clear	✓	✓	✓	Flushed				
	Slurred				Cyanotic				
	Rambling				Jaundice				
	Aphasic				Edema (location/amount)				
	Inappropriate								
SENSATION/MOVEMENT	Moves all extremities	✓	✓	✓	TUBE FEEDINGS	Free of pressure/irritation			
	Weakness					Tube feeding/Type:			
	Paralysis								
	Paresthesia					Bottle changed			
	CMS intact					Tubing changed			
ACTIVITIES	Bedrest				SAFETY	Restraints: soft wrist/posey			
	Turn q 2 hours					Call light in reach			
	OOB (chair)					Bed in low position			
	BRP					Siderails: up x 4			
	Bedside commode					Ambulacrum			
	Ambulate	✓	✓	✓					
HYGIENE	Complete/Assist/Partial				OTHER	Decub. mattress/pad			
	Shower/Shampoo					TED hose: knee hi/thigh hi			
	Oral Care					Remove 30 q 8 hours			
	P.M. Care				NURSING ROUNDS	Checked on rounds	✓	✓	✓
	Peri-Care					Respirations unchanged			
	Doctor's visits	✓	✓	✓					

✓ Acceptable normal

X Within normal limits

NMATE NAME (LAST, FIRST, MIDDLE)

DOC#

DOB

RACE/SEX

FAC.

Adams

Anthony

4/5/56

B/7

11-7				7-3				3-11				
Time		0400	0700	1800		0400		0700		1800		
Assessed by (initials):		AL	7	AP		AL		7		AP		
BEHAVIOR/MENTAL STATUS	Alert	✓	✓	✓		SKIN	Temperature: Warm	✓	✓	✓		
	Oriented x 3	✓	✓	✓			Hot					
	Disoriented						Cool					
	Lethargic						Turgor: Good	✓	✓	✓		
	Cooperative	✓	✓	✓			Fair					
	Combative/Uncooperative						Poor					
	Anxious						Moisture: Dry	✓	✓	✓		
	Depressed						Moist					
							Color: WNL	✓	✓	✓		
SPEECH	Clear	✓	✓	✓		Pale						
	Slurred					Flushed						
	Rambling					Cyanotic						
	Aphasic					Jaundice						
	Inappropriate					Edema (location/amount)		φ	φ			
SENSATION/MOVEMENT	Moves all extremities	✓	✓	✓		TUBE FEEDINGS	Tube feeding/Type:	1	1	1		
	Weakness						Bottle changed	1	1	1		
	Paralysis						Tubing changed	1	1	1		
	Paresthesia						Restraints: soft wrist/posey	1	1	1		
	CMS intact						Call light in reach	1	1	1		
ACTIVITIES	Bedrest					SAFETY	Bed in low position	1	1	1		
	Turn q 2 hours						Siderails: up x 4	1	1	1		
	OOB (chair)						Ambularm	1	1	1		
	BRP						Decub. mattress/pad	1	1	1		
	Bedside commode						TED hose: knee hi/high hi	1	1	1		
HYGIENE	Ambulate	Self	✓	✓		OTHER	Remove 30 q 8 hours	1	1	1		
	Complete/Assist/Partial						NURSING ROUNDS	Checked on rounds	✓	✓	✓	
	Shower/Shampoo							Respirations unchanged	✓			
	Oral Care											
	P.M. Care											
HYGIENE	Peri-Care											
	Self	✓	✓	✓								
	Doctor's visits											

✓ Acceptable normal

X Within normal limits

NMATE NAME (LAST, FIRST, MIDDLE)

DOC#

DOB

RACE/SEX

FAC.

Adams

Anthony

18023

4-5-56

158

		11-7	7-3	3-11			11-7	7-3	3-11	
Time		0300	0700		Time		0300	0700		
Assessed by (initials):		NJ	16		Assessed by (initials):		NJ	16		
BEHAVIORAL STATUS	Alert	✓	✓		SKIN	Temperature: Warm	✓	✓		
	Oriented x 3	✓	✓			Hot	✓	✓		
	Disoriented					Cool				
	Lethargic					Turgor: Good	✓	✓		
						Fair				
	Cooperative	✓	✓			Poor				
	Combative/Uncooperative					Moisture: Dry	✓	✓		
	Anxious					Moist				
	Depressed					Color: WNL	✓	✓		
				Pale						
				Flushed						
				Cyanotic						
				Jaundice						
				Edema (location/amount)		/	/			
				Free of pressure/irritation		/	/			
SPEECH	Clear	✓	✓		TUBE FEEDINGS	Tube feeding/Type:	/	/		
	Slurred									
	Rambling					Bottle changed	/	/		
	Aphasic									
	Inappropriate									
SENSATION/MOVEMENT	Moves all extremities	✓	✓			Tubing changed	/	/		
	Weakness				SAFETY	Restraints: soft wrist/posey	✓	✓		
						Call light in reach	✓	✓		
	Paralysis					Bed in low position	✓	✓		
	Paresthesia					Siderails: up x 4				
CMS intact				Ambularm						
ACTIVITIES	Bedrest				OTHER	Decub. mattress/pad	/	/		
	Turn q 2 hours						TED hose: knee hi/thigh hi	/	/	
	OOB (chair)						Remove 30 q 8 hours	/	/	
	BRP				NURSING ROUNDS	Checked on rounds	✓	✓		
	Bedside commode						Respirations unchanged			
	Ambulate	✓	✓							
HYGIENE	Complete/Assist/Partial									
	Shower/Shampoo									
	Oral Care									
	P.M. Care									
	Peri-Care									
	Self	✓	✓							
Doctor's visits										

✓ Acceptable normal

X Within normal limits

INMATE NAME (LAST, FIRST, MIDDLE)

Adams, Anthony

DOC#

180127

DOB

4/5/56

RACE/SEX

B/m

FAC.

KCF

		11-7	7-3	3-11			11-7	7-3	3-11
Time		ASD ASD			Time		ASD ASD		
Assessed by (initials):		R S			Assessed by (initials):		R S		
BEHAVIOR/MENTAL STATUS	Alert	✓	✓		SKIN	Temperature: Warm	✓	✓	
	Oriented x 3	✓	✓			Hot			
	Disoriented					Cool			
	Lethargic					Turgor: Good	✓	✓	
	Cooperative	✓	✓			Fair			
	Combative/Uncooperative					Poor			
	Anxious					Moisture: Dry	✓	✓	
	Depressed					Moist			
						Color: WNL	✓	✓	
				Pale					
SPEECH	Clear	✓	✓		Flushed				
	Slurred				Cyanotic				
	Rambling				Jaundice				
	Aphasic				Edema (location/amount)		⊗		
	Inappropriate								
SENSATION/MOVEMENT	Moves all extremities	✓	✓		TUBE FEEDINGS	Free of pressure/irritation			
	Weakness					Tube feeding/Type:			
	Paralysis								
	Paresthesia				Bottle changed				
	CMS intact				Tubing changed				
ACTIVITIES	Bedrest				SAFETY	Restraints: soft wrist/posey			
	Turn q 2 hours					Call light in reach			
	OOB (chair)					Bed in low position	✓	✓	
	BRP					Siderails: up x 4			
	Bedside commode					Ambularm			
	Ambulate	✓	✓						
HYGIENE	Complete/Assist/Partial				OTHER	Decub. mattress/pad			
	Shower/Shampoo					TED hose: knee hi/thigh hi			
	Oral Care					Remove 30 q 8 hours			
	P.M. Care				NURSING ROUNDS	Checked on rounds	✓	✓	
	Peri-Care					Respirations unchanged	✓	✓	
	Self	✓	✓						
	Doctor's visits								

INMATE NAME (LAST, FIRST, MIDDLE)

Adams

DOC#

188/27

DOB

7-5-56

RACE/SEX

Ba

FAC.

Anthony

		11-7		7-3		3-11				11-7		7-3		3-11	
Time								Time							
Assessed by (initials):								Assessed by (initials):							
BEHAVIOR/MENTAL STATUS	Alert							SKIN	Temperature: Warm						
	Oriented x 3								Hot						
	Disoriented								Cool						
	Lethargic								Turgor: Good						
									Fair						
	Cooperative								Poor						
	Combative/Uncooperative								Moisture: Dry						
	Anxious								Moist						
	Depressed								Color: WNL						
							Pale								
							Flushed								
							Cyanotic								
							Jaundice								
							Edema (location/amount)								
							Free of pressure/irritation								
SPEECH	Clear							TUBE FEEDINGS	Tube feeding/Type:						
	Slurred														
	Rambling								Bottle changed						
	Aphasic							Tubing changed							
	Inappropriate														
SENSATION/MOVEMENT	Moves all extremities							SAFETY	Restraints: soft wrist/posey						
	Weakness								Call light in reach						
									Bed in low position						
	Paralysis								Siderails: up x 4						
	Paresthesia								Ambularm						
ACTIVITIES	Bedrest							OTHER	Decub. mattress/pad						
	Turn q 2 hours								TED hose: knee hi/high hi						
	OOB (chair)								Remove 30 q 8 hours						
	BRP														
	Bedside commode														
	Ambulate														
HYGIENE	Complete/Assist/Partial							NURSING ROUNDS	Checked on rounds						
	Shower/Shampoo								Respirations unchanged						
	Oral Care														
	P.M. Care														
	Peri-Care														
	Doctor's visits														

✓ Acceptable normal

X Within normal limits

INMATE NAME (LAST, FIRST, MIDDLE)

Adams Anthony

DOC#

18287

DOB

4/5/50

RACE/SEX

B/M

FAC

KGF

		11-7		7-3		3-11	
Time		11:45		11:45		11:45	
Assessed by (initials):		HA		EG		LET	
BEHAVIORAL STATUS	Alert	✓		✓		✓	
	Oriented x 3	✓		✓		✓	
	Disoriented						
	Lethargic						
	Cooperative	✓		✓		✓	
	Combative/Uncooperative						
	Anxious						
	Depressed						
SPEECH	Clear	✓		✓		✓	
	Slurred						
	Rambling						
	Aphasic						
	Inappropriate						
SENSATION/MOVEMENT	Moves all extremities	✓		✓		✓	
	Weakness						
	Paralysis						
	Paresthesia						
	CMS intact						
ACTIVITIES	Bedrest						
	Turn q 2 hours						
	OOB (chair)						
	BRP						
	Bedside commode						
	Ambulate <i>self</i>	✓		✓		✓	
HYGIENE	Complete/Assist/Partial						
	Shower/Shampoo						
	Oral Care						
	P.M. Care <i>self</i>						
	Peri-Care			✓		✓	
	Doctor's visits						
SKIN	Temperature: Warm	✓		✓		✓	
	Hot						
	Cool						
	Turgor: Good	✓		✓		✓	
	Fair						
	Poor						
	Moisture: Dry	✓		✓		✓	
	Moist						
	Color: WNL	✓		✓		✓	
	Pale						
TUBE FEEDINGS	Flushed						
	Cyanotic						
	Jaundice						
	Edema (location/amount)						
	Free of pressure/irritation						
SAFETY	Tube feeding/Type:						
	Bottle changed						
	Tubing changed						
	Restraints: soft wrist/posey						
	Call light in reach						
	Bed in low position						
OTHER	Siderails: up x 4						
	Ambulacare						
NURSING ROUNDS	Decub. mattress/pad						
	TED hose: knee hi/high hi						
	Remove 30 q 8 hours						
	Checked on rounds	✓		✓		✓	
	Respirations unchanged	✓					

☒ Acceptable normal
 ☐ Within normal limits

NMATE NAME (LAST, FIRST, MIDDLE)

Adams, Anthony

DOC#

180/27

DOB

4/5/56

RACE/SEX

B/M

FAC.

KCF

		11-7	7-3	3-11			11-7	7-3	3-11
Time		0400	0800	03	Time		0400	0800	03
Assessed by (initials):		NS	MS	16	Assessed by (initials):		NS	MS	16
BEHAVIOR/MENTAL STATUS	Alert	✓	✓	✓	SKIN	Temperature: Warm	✓	✓	✓
	Oriented x 3	✓	✓	✓		Hot			
	Disoriented					Cool			
	Lethargic					Turgor: Good	✓	✓	✓
	Cooperative	✓	✓	✓		Fair			
	Combative/Uncooperative					Poor			
	Anxious					Moisture: Dry	✓	✓	✓
	Depressed					Moist			
						Color: WNL	✓	✓	✓
				Pale					
SPEECH	Clear		✓	✓	Flushed				
	Slurred				Cyanotic				
	Rambling				Jaundice				
	Aphasic				Edema (location/amount)		1	1	
	Inappropriate								
SENSATION/MOVEMENT	Moves all extremities	✓	✓	✓	TUBE FEEDINGS	Tube feeding/Type:	1	1	1
	Weakness					Bottle changed	1	1	1
	Paralysis					Tubing changed	1	1	1
	Paresthesia				SAFETY	Restraints: soft wrist/posey	1	1	1
	CMS intact					Call light in reach	1	1	1
				Bed in low position		1	1	1	
ACTIVITIES	Bedrest					Siderails: up x 4	1	1	1
	Turn q 2 hours					Ambulairm			
	OOB (chair)				OTHER	Decub. mattress/pad	1	1	1
	BRP					TED hose: knee hi/thigh hi	1	1	1
	Bedside commode					Remove 30 q 8 hours	1	1	1
HYGIENE	Ambulate	✓	✓	✓	NURSING ROUNDS	Checked on rounds	✓	✓	✓
	Complete/Assist/Partial					Respirations unchanged			
	Shower/Shampoo								
	Oral Care								
	P.M. Care								
	Peri-Care								
	self	✓	✓	✓					
Doctor's visits									
					<input checked="" type="checkbox"/> Acceptable normal <input checked="" type="checkbox"/> Within normal limits				

VMATE NAME (LAST, FIRST, MIDDLE)

Adams, Anthony

DOC#

180127

DOB

4/5/56

RACE/SEX

Bm

FAC.

KCF



PRISON
HEALTH
SERVICES
INCORPORATED

INFIRMARY NURSING PROGRESS NOTES

Date/Time	
7/21/04 0400	S - No complaints O - Continue Resp Isolation NO Acute distress NOTED
	A - ALT in Health status R/T DX P - Continue POC RBYnter
7/21/04 0900	S - no c/o voiced O - Hyinson back on back with cover up over shoulders eyes open. No changes noted in general condition. No change in resp status. NAI noted. See daily nursing assessment. A - resp status PXT P - Continue current POC
7/21/04 1745	S - no c/o voiced O - Sitting up on side of bed watching TV. No changes noted in general condition. NAI noted. See daily nursing assessment. A - resp status PXT

**PRISON
HEALTH
SERVICES
INCORPORATED**

Date 7/22/04

11-7				7-3				3-11							
Time		0400		0800		1100		Time		0400		0800		1100	
Assessed by (initials):		MB		[Signature]		[Signature]		Assessed by (initials):		MB		[Signature]		[Signature]	
RESPIRATORY	Quality							TUBES AND DRAINAGE							
	Normal	✓		✓		✓									
	Shallow														
	Deep														
	Labored														
	Rate - WNL	✓		✓		✓									
	Slow														
	Rapid														
	Sounds - Clear	✓		✓		✓									
	Abnormal														
	Cough - Productive														
	Non-Productive														
	Humidified O2 Therapy														
	L/Minute														
Incentive Spirometer															
Suctioning-Oral/Ni/Trach															
ABDOMEN	Abdomen soft & nondistended	✓		✓		✓		TREATMENTS							
	Abnormal														
	Bowel sounds - Active	✓		✓		✓									
	Abnormal														
	Pain-Tenderness														
PULSE/RATE	Regular	✓		✓		✓		I.V. THERAPY							
	Irregular														
	Strong			✓		✓									
	Weak														
	Apical														
	Radial			✓		✓									
REFERRALS	Patient Teaching														
	TB sputum sample obtained	✓													
NURSE'S SIGNATURE:		RN 11-7 [Signature]		LPN 11-7 [Signature]		11-7		NURSE'S SIGNATURE:		RN 11-7 [Signature]		LPN 11-7 [Signature]		11-7	
		7-3		7-3		7-3				7-3		7-3		7-3	
		3-11		3-11		3-11				3-11		3-11		3-11	



DAILY PATIENT ASSESSMENT SHEET

Date 7/23/04

7/23/04		11-7	7-3	3-11	11-7		7-3	3-11	
Time		0500	0800	1600	Time		0500	0800	1600
Assessed by (initials):		RB	EF	SW	Assessed by (initials):		RB	EF	SW
RESPIRATORY	Quality				TUBES AND DRAINAGE				
	Normal	✓	✓	✓					
	Shallow								
	Deep								
	Labored								
	Rate - WNL	✓	✓	✓					
	Slow								
	Rapid								
	Sounds - Clear	✓	✓	✓					
	Abnormal								
	Cough - Productive								
	Non-Productive								
	Humidified O2 Therapy								
	L/Minute								
Incentive Spirometer									
Suctioning-Oral/NI/Trach									
ABDOMEN	Abdomen soft & nondistended	✓	✓	✓	TREATMENTS				
	Abnormal								
	Bowel sounds - Active	✓	✓	✓					
	Abnormal								
Pain-Tenderness									
PULSE/RATE	Regular	✓	✓	✓	I.V. THERAPY				
	Irregular								
	Strong	✓	✓	✓					
	Weak								
	Apical								
Radial		✓	✓						
REFERRALS	Patient Teaching								
NURSE'S SIGNATURE:	RN 11-7	RN 11-7			LPN 11-7	LPN 11-7			
	7-3	7-3				7-3			
	3-11	3-11				3-11			

DAILY PATIENT ASSESSMENT SHEET



PRISON
HEALTH
SERVICES
INCORPORATED

Date

7/21/04

		7/21/04			11-7			7-3			3-11										
Time		0400			0900			1745			Time		0400			0900			1745		
Assessed by (initials):		RB			[Signature]			[Signature]			Assessed by (initials):		RB			[Signature]			[Signature]		
RESPIRATORY	Quality										TUBES AND DRAINAGE										
	Normal	✓			✓			✓													
	Shallow																				
	Deep																				
	Labored																				
	Rate - WNL	✓			✓			✓													
	Slow																				
	Rapid																				
	Sounds - Clear	✓			✓			✓													
	Abnormal																				
	Cough - Productive																				
	Non-Productive																				
	Humidified O2 Therapy																				
	L/Minute																				
Incentive Spirometer																					
Suctioning-Oral/Ni/Trach																					
ABDOMEN	Abdomen soft & nondistended	✓			✓			✓			TREATMENTS										
	Abnormal																				
	Bowel sounds - Active				✓			✓													
	Abnormal																				
Pain-Tenderness																					
PULSE/RATE	Regular	✓			✓			✓			I.V. THERAPY										
	Irregular																				
	Strong	✓			✓			✓													
	Weak																				
	Apical																				
	Radial				✓			✓													
REFERRALS	Patient Teaching																				
NURSE'S SIGNATURE:	RN 11-7							LPN 11-7	[Signature]						11-7						
	7-3							7-3							7-3						
	3-11							3-11							3-11						



DAILY PATIENT ASSESSMENT SHEET

Date

7/20/04

11-7

7-3

3-11

11-7

7-3

3-11

Time

0400

0730

1800

Assessed by (initials):

RB

SV

AW

Time

0400

0730

1800

Assessed by (initials):

RB

SV

AW

RESPIRATORY

Quality

Normal

Shallow

Deep

Labored

Rate - WNL

Slow

Rapid

Sounds - Clear

Abnormal

Cough - Productive

Non-Productive

Humidified O2 Therapy

L/Minute

Incentive Spirometer

Suctioning-Oral/NI/Trach

TUBES AND DRAINAGE

Wound healing & inflammation

WOUNDS/ULCERS/DRESSINGS

Dressing Dry & Intact

Dressing Changed

Size

Type

Location

TREATMENTS

I.V. THERAPY

Bottle #/Rate

Site and Rate checked every two hours

ABDOMEN

Abdomen soft & nondistended

Abnormal

Bowel sounds - Active

Abnormal

Pain-Tenderness

PULSE/RATE

Regular

Irregular

Strong

Weak

Apical

Radial

REFERRALS

Patient Teaching

NURSE'S
SIGNATURE:

RN 11-7

7-3

3-11

LPN 11-7

7-3

3-11

11-7

7-3

3-11

DAILY PATIENT ASSESSMENT SHEET



PRISON
HEALTH
SERVICES
INCORPORATED

Date

7-19-04

		11-7	7-3	3-11			11-7	7-3	3-11
Time		12 AM	0900	2000	Time		12 AM	0900	2000
Assessed by (initials):		AJ	SV	CU	Assessed by (initials):		AJ	SV	CU
RESPIRATORY	Quality				TUBES AND DRAINAGE				
	Normal	✓	✓	✓					
	Shallow								
	Deep								
	Labored								
	Rate - WNL	✓	✓	✓					
	Slow								
	Rapid								
	Sounds - Clear	✓	✓	✓					
	Abnormal								
	Cough - Productive								
	Non-Productive								
	Humidified O2 Therapy								
	L/Minute								
Incentive Spirometer									
Suctioning-Oral/Ni/Trach									
ABDOMEN	Abdomen soft & nondistended	✓	✓	✓	TREATMENTS				
	Abnormal								
	Bowel sounds - Active	✓	✓	✓					
	Abnormal								
	Pain-Tenderness								
PULSE/RATE	Regular	✓	✓	✓	I.V. THERAPY				
	Irregular								
	Strong	✓	✓	✓					
	Weak								
	Apical	✓	✓	✓					
	Radial	✓	✓	✓					
REFERRALS	Patient Teaching								

NURSE'S
SIGNATURE:

RN 11-7

7-3

3-11

LPN 11-7

7-3

3-11

11-7

7-3

3-11



DAILY PATIENT ASSESSMENT SHEET

Date

7-18-04

		11-7	7-3	3-11			11-7	7-3	3-11
Time		0400		1800	Time		0400		1800
Assessed by (initials):		RU		AS	Assessed by (initials):		RU		AS
RESPIRATORY	Quality				TUBES AND DRAINAGE				
	Normal	✓		✓					
	Shallow								
	Deep								
	Labored								
	Rate - WNL	✓		✓					
	Slow								
	Rapid								
	Sounds - Clear	✓		✓					
	Abnormal								
	Cough - Productive								
	Non-Productive								
	Humidified O2 Therapy								
	L/Minute								
Incentive Spirometer				WOUNDS/ULCERS/DRESSINGS	Dressing Dry & Intact				
Suctioning-Oral/Ni/Trach					Dressing Changed				
					Size				
					Type				
					Location				
ABDOMEN	Abdomen soft & nondistended	✓		✓	TREATMENTS				
	Abnormal								
	Bowel sounds - Active								
	Abnormal								
	Pain-Tenderness								
PULSE/RATE	Regular	✓		✓	I.V. THERAPY	Bottle #/Rate			
	Irregular								
	Strong	✓		✓					
	Weak								
	Apical								
	Radial	✓		✓					
REFERRALS	Patient Teaching								
NURSE'S SIGNATURE:	RN 11-7				LPN 11-7	D. May			11-7
	7-3				7-3				7-3
	3-11	A. Davis			3-11				3-11



DAILY PATIENT ASSESSMENT SHEET

		Date: 7/17/07		
		11-7	7-3	3-11
Time				
Assessed by (initials):				6/19/07
RESPIRATORY	Quality			
	Normal			✓
	Shallow			
	Deep			
	Labored			
	Rate - WNL			✓
	Slow			
	Rapid			
	Sounds - Clear			
	Abnormal			
	Cough - Productive			
	Non-Productive			
	Humidified O2 Therapy			
	L/Minute			
Incentive Spirometer				
Suctioning-Oral/Ni/Trach				
TUBES AND DRAINAGE				
	Wound healing & inflammation			
WOUNDS/ULCERS/DRESSINGS	Dressing Dry & Intact			
	Dressing Changed			
	Size			
	Type			
TREATMENTS	Location			
ABDOMEN	Abdomen soft & nondistended			✓
	Abnormal			
	Bowel sounds - Active			
	Abnormal			
PULSE/RATE	Pain-Tenderness			
	Regular			
	Irregular			
	Strong			✓
REFERRALS	Weak			
	Apical			
	Radial			
	Patient Teaching			✓
I.V. THERAPY				
NURSE'S SIGNATURE:	Bottle #/Rate			
	Site and Rate checked every two hours			
RN 11-7	7-3			
	3-11			
LPN 11-7	7-3			
	3-11			
11-7	7-3			
	3-11			

7/16/04		11-7		7-3		3-11		11-7		7-3		3-11				
Time		0500		0800		1100		Time		0500		0800		1100		
Assessed by (initials):		RB		SV		[Signature]		Assessed by (initials):		RB		SV		[Signature]		
RESPIRATORY	Quality							TUBES AND DRAINAGE								
	Normal	✓		✓		✓										
	Shallow															
	Deep															
	Labored															
	Rate - WNL	✓		✓		✓										
	Slow															
	Rapid															
	Sounds - Clear	✓		✓		✓										
	Abnormal															
	Cough - Productive															
	Non-Productive															
	Humidified O2 Therapy															
	L/Minute															
Incentive Spirometer																
Suctioning-Oral/NI/Trach																
ABDOMEN	Abdomen soft & nondistended	✓		✓		✓		TREATMENTS								
	Abnormal															
	Bowel sounds - Active	✓		✓		✓										
	Abnormal															
	Pain-Tenderness															
PULSE/RATE	Regular	✓		✓		✓		I.V. THERAPY								
	Irregular															
	Strong	✓		✓		✓										
	Weak															
	Apical															
	Radial			✓		✓										
REFERRALS	Patient Teaching															
NURSE'S SIGNATURE:		RN 11-7				LPN 11-7				11-7						
		7-3				7-3				7-3						
		3-11				3-11				3-11						



PRISON
HEALTH
SERVICES
INCORPORATED

DAILY PATIENT ASSESSMENT SHEET

Date

7/15/04

7/15/04

11-7

7-3

3-11

11-7

7-3

3-11

Time

0200

0700

1800

Time

0200

0700

1800

Assessed by (initials):

RB

HY

AO

Assessed by (initials):

RB

HY

AO

RESPIRATORY

Quality

Normal

Shallow

Deep

Labored

Rate - WNL

Slow

Rapid

Sounds - Clear

Abnormal

Cough - Productive

Non-Productive

Humidified O2 Therapy

L/Minute

Incentive Spirometer

Suctioning-Oral/Ni/Trach

TUBES AND DRAINAGE

Wound healing & inflammation

WOUNDS/ULCERS/DRESSINGS

Dressing Dry & Intact

Dressing Changed

Size

Type

Location

TREATMENTS

I.V. THERAPY

Bottle #/Rate

Site and Rate checked every two hours

ABDOMEN

Abdomen soft & nondistended

Abnormal

Bowel sounds - Active

Abnormal

Pain-Tenderness

PULSE/RATE

Regular

Irregular

Strong

Weak

Apical

Radial

REFERRALS

Patient Teaching

NURSE'S
SIGNATURE:

RN 11-7

7-3

LPN 11-7

7-3

11-7

7-3



PRISON
HEALTH
SERVICES
INCORPORATED

DAILY PATIENT ASSESSMENT SHEET

Date 7/14/04

		11-7	7-3	3-11			11-7	7-3	3-11
Time		0715	0715		Time		0715	0715	
Assessed by (initials):		MB	SV		Assessed by (initials):		MB	SV	
RESPIRATORY	Quality	✓	✓		TUBES AND DRAINAGE				
	Normal	✓	✓						
	Shallow								
	Deep								
	Labored								
	Rate - WNL	✓	✓						
	Slow								
	Rapid								
	Sounds - Clear	✓	✓						
	Abnormal								
	Cough - Productive								
	Non-Productive								
	Humidified O2 Therapy								
	L/Minute								
Incentive Spirometer				WOUNDS/ULCERS/DRESSINGS	Dressing Dry & Intact				
Suctioning-Oral/Ni/Trach					Dressing Changed				
					Size				
					Type				
					Location				
ABDOMEN	Abdomen soft & nondistended	✓	✓		TREATMENTS				
	Abnormal								
	Bowel sounds - Active	✓	✓						
	Abnormal								
	Pain-Tenderness								
PULSE/RATE	Regular	✓	✓		I.V. THERAPY	Bottle #/Rate			
	Irregular								
	Strong		✓						
	Weak								
	Apical								
	Radial		✓						
REFERRALS	Patient Teaching								

NURSE'S
SIGNATURE:

RN 11-7

7-3

3-11

LPN 11-7

7-3

3-11

11-7

7-3

3-11



PRISON
HEALTH
SERVICES
INCORPORATED

DAILY PATIENT ASSESSMENT SHEET

7/13/04				Date					
		11-7	7-3	3-11			11-7	7-3	3-11
Time		0500	0705	2000	Time		0500	0705	2000
Assessed by (initials):		RB	[Signature]	W	Assessed by (initials):		RB	[Signature]	W
RESPIRATORY	Quality				TUBES AND DRAINAGE				
	Normal	✓	✓	✓					
	Shallow								
	Deep								
	Labored								
	Rate - WNL	✓	✓	✓					
	Slow								
	Rapid								
	Sounds - Clear	✓	✓	✓					
	Abnormal								
	Cough - Productive								
	Non-Productive								
	Humidified O2 Therapy								
	L/Minute								
Incentive Spirometer				WOUNDS/ULCERS/DRESSINGS					
Suctioning-Oral/Ni/Trach									
ABDOMEN	Abdomen soft & nondistended	✓	✓		✓	TREATMENTS			
	Abnormal								
	Bowel sounds - Active	✓	✓	✓					
	Abnormal								
	Pain-Tenderness								
PULSE/RATE	Regular	✓	✓	✓	I.V. THERAPY				
	Irregular								
	Strong	✓	✓	✓					
	Weak								
	Apical								
	Radial								
REFERRALS	Patient Teaching								
NURSE'S SIGNATURE:		RN 11-7		LPN 11-7		11-7		7-3	
		7-3		7-3					



DAILY PATIENT ASSESSMENT SHEET

		7/12/04			7/12/04					
		11-7	7-3	3-11			11-7	7-3	3-11	
Date		7/12/04								
Time		0400			1800			0400		
Assessed by (initials):		RB			AP			RB		
RESPIRATORY	Quality									
	Normal	✓					✓			
	Shallow									
	Deep									
	Labored									
	Rate - WNL	✓					✓			
	Slow									
	Rapid									
	Sounds - Clear	✓					✓			
	Abnormal									
	Cough - Productive									
	Non-Productive									
	Humidified O2 Therapy									
	L/Minute									
Incentive Spirometer										
Suctioning-Oral/NI/Trach										
TUBES AND DRAINAGE										
WOUNDS/ULCERS/DRESSINGS	Wound healing & inflammation									
	Dressing Dry & Intact									
	Dressing Changed									
	Size									
	Type									
TREATMENTS	Location									
PULSE/RATE	Regular	✓					✓			
	Irregular									
	Strong	✓					✓			
	Weak									
	Apical									
REFERRALS	Radial									
	Patient Teaching									
I.V. THERAPY	Bottle #/Rate									
Site and Rate checked every two hours										
NURSE'S SIGNATURE:		RN 11-7		LPN 11-7		11-7				
		7-3		7-3		7-3				
		3-11		3-11		3-11				



PRISON
HEALTH
SERVICES
INCORPORATED

DAILY PATIENT ASSESSMENT SHEET

Adams A.

Date

7/11/04

		11-7	7-3	3-11			11-7	7-3	3-11
Time		<i>1630</i>	<i>8A</i>	<i>1700</i>	Time		<i>1630</i>	<i>8A</i>	<i>1700</i>
Assessed by (initials):		<i>AL</i>	<i>EG</i>	<i>AN</i>	Assessed by (initials):		<i>AL</i>	<i>EG</i>	<i>AN</i>
RESPIRATORY	Quality				TUBES AND DRAINAGE				
	Normal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
	Shallow								
	Deep								
	Labored								
	Rate - WNL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
	Slow								
	Rapid								
	Sounds - Clear	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
	Abnormal								
	Cough - Productive								
	Non-Productive								
	Humidified O2 Therapy								
L/Minute									
Incentive Spirometer									
Suctioning-Oral/NI/Trach									
ABDOMEN	Abdomen soft & nondistended	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	TREATMENTS				
	Abnormal								
	Bowel sounds - Active								
	Abnormal								
	Pain-Tenderness								
PULSE/RATE	Regular	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	I.V. THERAPY				
	Irregular								
	Strong		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
	Weak								
	Apical								
	Radial	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
REFERRALS	Patient Teaching								

NURSE'S
SIGNATURE:

RN 11-7

7-3

E. J. Miller, RN

LPN 11-7

7-3

D. Adams

11-7

7-3

Site and Rate checked
every two hours

DAILY PATIENT ASSESSMENT SHEET



Adams, A.

Date 7/10/07

11-7				7-3				3-11				11-7				7-3				3-11				
Time		0400		8:25		16:30		Time				8:25		16:30		Time				8:25		16:30		
Assessed by (initials):		MB		EG		AO		Assessed by (initials):				EG		AB		Assessed by (initials):				EG		AB		
RESPIRATORY	Quality							TUBES AND DRAINAGE									WOUNDS/ULCERS/DRESSINGS	Dressing Dry & Intact						
	Normal	✓		✓		✓												Dressing Changed						
	Shallow																	Size						
	Deep																	Type						
	Labored																	Location						
	Rate - WNL	✓		✓		✓																		
	Slow																							
	Rapid																							
	Sounds - Clear	✓		✓		✓																		
	Abnormal																							
	Cough - Productive																							
	Non-Productive																							
	Humidified O2 Therapy																							
	L/Minute																							
Incentive Spirometer																								
Suctioning-Oral/NI/Trach																								
ABDOMEN	Abdomen soft & nondistended	✓		✓		✓		TREATMENTS																
	Abnormal																							
	Bowel sounds - Active	✓																						
	Abnormal																							
Pain-Tenderness																								
PULSE/RATE	Regular	✓		✓		✓		I.V. THERAPY	Bottle #/Rate															
	Irregular																							
	Strong																							
	Weak																							
	Apical																							
	Radial			✓		✓																		
REFERRALS	Patient Teaching																							

NURSE'S
SIGNATURE:

RN 11-7

7-3

LPN 11-7

7-3

11-7

7-3



DAILY PATIENT ASSESSMENT SHEET

7/9				Date: 7/9					
Time: 0600				Time: 0600					
Assessed by (initials): RB				Assessed by (initials): RB					
RESPIRATORY	Quality	11-7	7-3	3-11	TUBES AND DRAINAGE		11-7	7-3	3-11
	Normal	✓	✓	✓					
	Shallow								
	Deep								
	Labored	✓	✓	✓					
	Rate - WNL								
	Slow								
	Rapid								
	Sounds - Clear	✓	✓	✓					
	Abnormal								
	Cough - Productive								
	Non-Productive								
	Humidified O2 Therapy								
	L/Minute								
Incentive Spirometer				WOUNDS/ULCERS/DRESSINGS	Dressing Dry & Intact				
Suctioning-Oral/NI/Trach	✓				Dressing Changed				
					Size				
					Type				
					Location				
ABDOMEN	Abdomen soft & nondistended	✓	✓	✓	TREATMENTS				
	Abnormal								
	Bowel sounds - Active	✓	✓	✓					
	Abnormal								
Pain-Tenderness	✓								
PULSE/RATE	Regular	✓	✓	✓	I.V. THERAPY	Bottle #/Rate			
	Irregular								
	Strong	✓							
	Weak								
	Apical								
	Radial								
REFERRALS	Patient Teaching		1	1					
NURSE'S SIGNATURE:		RN 11-7	LPN 11-7		11-7		11-7		
		7-3	7-3		7-3		7-3		



DAILY PATIENT ASSESSMENT SHEET

		Date 7/8/04					Date 7/8/04		
		11-7	7-3	3-11			11-7	7-3	3-11
Time		0800	0730	1805	Time		0800	0730	1805
Assessed by (initials):		RB	SV	KE	Assessed by (initials):		RB	SV	KE
RESPIRATORY	Quality				TUBES AND DRAINAGE				
	Normal	✓	✓	✓					
	Shallow								
	Deep								
	Labored								
	Rate - WNL	✓	✓	✓					
	Slow								
	Rapid								
	Sounds - Clear								
	Abnormal								
	Cough - Productive								
	Non-Productive								
	Humidified O2 Therapy								
	L/Minute								
Incentive Spirometer				WOUNDS/ULCERS/DRESSINGS	Dressing Dry & Intact				
Suctioning-Oral/Ni/Trach					Dressing Changed				
					Size				
					Type				
					Location				
ABDOMEN	Abdomen soft & nondistended	✓	✓		✓	TREATMENTS			
	Abnormal								
	Bowel sounds - Active								
	Abnormal								
Pain-Tenderness									
PULSE/RATE	Regular	✓	✓	✓	I.V. THERAPY	Bottle #/Rate			
	Irregular								
	Strong	✓	✓	✓					
	Weak								
	Apical								
	Radial								
REFERRALS	Patient Teaching								
NURSE'S SIGNATURE:		RN 11-7		LPN 11-7		11-7			
		7-3		7-3		7-3			



DAILY PATIENT ASSESSMENT SHEET

Date

5/25/04

		11-7	7-3	3-11			11-7	7-3	3-11
Time			230	2220	Time			230	2220
Assessed by (initials):			SV	W	Assessed by (initials):			SV	W
RESPIRATORY	Quality				TUBES AND DRAINAGE				
	Normal		✓	✓					
	Shallow								
	Deep								
	Labored								
	Rate - WNL		✓	✓					
	Slow								
	Rapid								
	Sounds - Clear		✓	✓					
	Abnormal								
	Cough - Productive								
	Non-Productive								
	Humidified O2 Therapy								
L/Minute									
Incentive Spirometer									
Suctioning-Oral/Ni/Trach									
ABDOMEN	Abdomen soft & nondistended		✓	✓	TREATMENTS				
	Abnormal								
	Bowel sounds - Active		✓	✓					
	Abnormal								
Pain-Tenderness									
PULSE/RATE	Regular		✓	✓	I.V. THERAPY				
	Irregular								
	Strong		✓	✓					
	Weak								
	Apical								
	Radial		✓	✓					
REFERRALS	Patient Teaching								

NURSE'S
SIGNATURE:

RN 11-7

7-3

LPN 11-7

7-3

11-7

7-3

HEALTH SERVICES INCORPORATED		Date 5/26/04		
		11-7	7-3	3-11
Time		04	0720	200
Assessed by (initials):		10	8	10
RESPIRATORY	Quality			
	Normal	✓	✓	✓
	Shallow			
	Deep			
	Labored			
	Rate - WNL	✓	✓	✓
	Slow			
	Rapid			
	Sounds - Clear		✓	✓
	Abnormal			
	Cough - Productive			
	Non-Productive			
	Humidified O2 Therapy			
	L/Minute			
Incentive Spirometer				
Suctioning-Oral/NI/Trach				
TUBES AND DRAINAGE				
WOUNDS/ULCERS/DRESSINGS				
TREATMENTS				
I.V. THERAPY				
Bottle #/Rate				
Site and Rate checked every two hours				
PULSE/RATE				
ABDOMEN				
REFERRALS				
NURSE'S SIGNATURE:		RN 11-7	LPN 11-7	11-7
		7-3	7-3	7-3
		3-11	3-11	3-11



DAILY PATIENT ASSESSMENT SHEET

Date

5/27/4

		11-7	7-3	3-11			11-7	7-3	3-11
Time					Time				
Assessed by (initials):					Assessed by (initials):				
RESPIRATORY	Quality				TUBES AND DRAINAGE				
	Normal								
	Shallow								
	Deep								
	Labored								
	Rate - WNL								
	Slow								
	Rapid								
	Sounds - Clear								
	Abnormal								
	Cough - Productive								
	Non-Productive								
	Humidified O2 Therapy								
	L/Minute								
Incentive Spirometer									
Suctioning-Oral/Ni/Trach									
ABDOMEN	Abdomen soft & nondistended				TREATMENTS				
	Abnormal								
	Bowel sounds - Active								
	Abnormal								
Pain-Tenderness									
PULSE/RATE	Regular				I.V. THERAPY				
	Irregular								
	Strong								
	Weak								
	Apical								
	Radial								
REFERRALS	Patient Teaching								

NURSE'S
SIGNATURE:

RN 11-7

7-3

3-11

LPN 11-7

7-3

11-7

7-3



PRISON
HEALTH
SERVICES
INCORPORATED

DAILY PATIENT ASSESSMENT SHEET

Date

5/28/04

		11-7	7-3	3-11			11-7	7-3	3-11
Time		05	08	2000	Time		05	08	2000
Assessed by (initials):		LB	SG	QA	Assessed by (initials):		LB	SG	QA
RESPIRATORY	Quality				TUBES AND DRAINAGE				
	Normal	✓	✓	✓					
	Shallow								
	Deep								
	Labored								
	Rate - WNL	✓	✓	✓					
	Slow								
	Rapid								
	Sounds - Clear		✓	✓					
	Abnormal								
	Cough - Productive								
	Non-Productive								
	Humidified O2 Therapy								
	L/Minute								
Incentive Spirometer				WOUNDS/ULCERS/DRESSINGS	Dressing Dry & Intact				
Suctioning-Oral/Ni/Trach					Dressing Changed				
					Size				
					Type				
					Location				
ABDOMEN	Abdomen soft & nondistended	✓	✓	✓	TREATMENTS				
	Abnormal								
	Bowel sounds - Active		✓	✓					
	Abnormal								
	Pain-Tenderness								
PULSE/RATE	Regular	✓	✓	✓	I.V. THERAPY	Bottle #/Rate			
	Irregular								
	Strong		✓	✓					
	Weak								
	Apical								
	Radial	✓	✓	✓					
REFERRALS	Patient Teaching								
					Site and Rate checked every two hours				

NURSE'S
SIGNATURE:

RN 11-7

7-3

3-11

LPN 11-7

7-3

3-11

11-7

7-3

3-11



DAILY PATIENT ASSESSMENT SHEET

Date 5/29/04

11-7				7-3				3-11			
Time		0800	0900	1000	Time		0800	0900	1000		
Assessed by (initials):		RA	EG	QY	Assessed by (initials):		RA	EG	QY		
RESPIRATORY	Quality				TUBES AND DRAINAGE						
	Normal	✓	✓	✓							
	Shallow										
	Deep										
	Labored										
	Rate - WNL	✓	✓	✓							
	Slow										
	Rapid										
	Sounds - Clear										
	Abnormal										
	Cough - Productive										
	Non-Productive										
	Humidified O2 Therapy										
	L/Minute										
Incentive Spirometer				WOUNDS/ULCERS/DRESSINGS	Dressing Dry & Intact						
Suctioning-Oral/Ni/Trach					Dressing Changed						
					Size						
					Type						
					Location						
ABDOMEN	Abdomen soft & nondistended	✓	✓	✓	TREATMENTS						
	Abnormal										
	Bowel sounds - Active		✓	✓							
	Abnormal										
	Pain-Tenderness										
PULSE/RATE	Regular	✓	✓	✓	I.V. THERAPY	Bottle #/Rate					
	Irregular										
	Strong										
	Weak										
	Apical										
	Radial	✓	✓	✓							
REFERRALS	Patient Teaching	✓	✓	✓							

NURSE'S
SIGNATURE:

RN 11-7

7-3

E. Green, RN

LPN 11-7

7-3

RA, EG, QY

RA, EG, QY

11-7

7-3

3-11



DAILY PATIENT ASSESSMENT SHEET

Adams, Anthony

Date 5/30/04

11-7				7-3				3-11				11-7				7-3				3-11														
Time		05		9A		9:30 PM		Time		05		9A		9:30 PM		Assessed by (initials):		Do		EG		AB		Assessed by (initials):		Do		EG		AB				
RESPIRATORY	Quality							TUBES AND DRAINAGE									WOUNDS/ULCERS/DRESSINGS	Dressing Dry & Intact							Dressing Dry & Intact									
	Normal	✓		✓		✓														Dressing Changed								Dressing Changed						
	Shallow																			Size							Size							
	Deep																			Type							Type							
	Labored																			Location							Location							
	Rate - WNL	✓		✓		✓																												
	Slow																																	
	Rapid																																	
	Sounds - Clear																																	
	Abnormal																																	
	Cough - Productive																																	
	Non-Productive																																	
	Humidified O2 Therapy																																	
	L/Minute																																	
Incentive Spirometer																																		
Suctioning-Oral/Ni/Trach																																		
ABDOMEN	Abdomen soft & nondistended	✓		✓		✓		TREATMENTS																										
	Abnormal																																	
	Bowel sounds - Active			✓		✓																												
	Abnormal																																	
Pain-Tenderness																																		
PULSE/RATE	Regular	✓		✓		✓		I.V. THERAPY																										
	Irregular																																	
	Strong																																	
	Weak																																	
	Apical																																	
	Radial	✓		✓		✓																												
REFERRALS	Patient Teaching	✓		✓		✓																												

NURSE'S
SIGNATURE:

RN 11-7

7-3

3-11

LPN 11-7

7-3

3-11

11-7

7-3

3-11



DAILY PATIENT ASSESSMENT SHEET

				Date: 5/31/4					
		11-7	7-3	3-11			11-7	7-3	3-11
Time		0700	0700	1700	Time		0700	0700	1700
Assessed by (initials):		B	g	gW	Assessed by (initials):		B	g	gW
RESPIRATORY	Quality				TUBES AND DRAINAGE				
	Normal	✓	✓	✓					
	Shallow								
	Deep								
	Labored								
	Rate - WNL	✓	✓	✓					
	Slow								
	Rapid								
	Sounds - Clear	✓	✓	✓					
	Abnormal								
	Cough - Productive								
	Non-Productive								
Humidified O2 Therapy				WOUNDS/ULCERS/DRESSINGS	Dressing Dry & Intact				
L/Minute					Dressing Changed				
Incentive Spirometer					Size				
Suctioning-Oral/NI/Trach					Type				
					Location				
ABDOMEN	Abdomen soft & nondistended	✓	✓		✓	TREATMENTS			
	Abnormal								
	Bowel sounds - Active								
	Abnormal								
Pain-Tenderness									
PULSE/RATE	Regular	✓	✓	✓	I.V. THERAPY	Bottle #/Rate			
	Irregular								
	Strong								
	Weak								
	Apical								
	Radial	✓							
REFERRALS	Patient Teaching								
NURSE'S SIGNATURE:		RN 11-7		LPN 11-7		11-7			
		7-3		7-3		7-3			
		3-11		3-11		3-11			

DAILY PATIENT ASSESSMENT SHEET

11-7						7-3						3-11						11-7						7-3						3-11					
Time																		Time																	
Assessed by (initials):																		Assessed by (initials):																	
RESPIRATORY	Quality																	TUBES AND DRAINAGE																	
	Normal																																		
	Shallow																																		
	Deep																																		
	Labored																																		
	Rate - WNL																																		
	Slow																																		
	Rapid																																		
	Sounds - Clear																																		
	Abnormal																																		
	Cough - Productive																																		
	Non-Productive																																		
	Humidified O2 Therapy																																		
	L/Minute																																		
Incentive Spirometer																																			
Suctioning-Oral/NI/Trach																																			
ABDOMEN	Abdomen soft & nondistended																	TREATMENTS																	
	Abnormal																																		
	Bowel sounds - Active																																		
	Abnormal																																		
	Pain-Tenderness																																		
PULSE/RATE	Regular																	I.V. THERAPY																	
	Irregular																																		
	Strong																																		
	Weak																			</															

		11-7	7-3	3-11			11-7	7-3	3-11
Time			0700	1700	Time			0700	1700
Assessed by (initials):			AN	AN	Assessed by (initials):			AN	AN
BEHAVIORAL STATUS	Alert	✓	✓	✓	SKIN	Temperature: Warm	✓	✓	✓
	Oriented x 3	✓	✓	✓		Hot			
	Disoriented					Cool	✓	✓	✓
	Lethargic					Turgor: Good	✓	✓	✓
	Cooperative		✓	✓		Fair			
	Combative/Uncooperative					Poor			
	Anxious					Moisture: Dry	✓	✓	✓
	Depressed					Moist			
Clear	✓	✓	✓	Color: WNL		✓	✓	✓	
Slurred				Pale					
Rambling				Flushed					
Aphasic				Cyanotic					
Inappropriate				Jaundice					
SPEECH	Moves all extremities	✓	✓	✓	TUBE FEEDINGS	Edema (location/amount)	✓	✓	✓
	Weakness					Free of pressure/irritation			
	Paralysis					Tube feeding/Type:	✓	✓	✓
	Paresthesia					Bottle changed			
	CMS intact					Tubing changed			
ACTIVITIES	Bedrest				SAFETY	Restraints: soft wrist/posey	✓	✓	✓
	Turn q 2 hours					Call light in reach	✓	✓	✓
	OOB (chair)					Bed in low position	✓	✓	✓
	BRP					Siderails: up x 4			
	Bedside commode					Ambularm			
	Ambulate	✓	✓	✓	OTHER	Decub. mattress/pad	✓	✓	✓
HYGIENE	Complete/Assist/Partial					TED hose: knee hi/high hi	✓	✓	✓
	Shower/Shampoo					Remove 30 q 8 hours	✓	✓	✓
	Oral Care				NURSING ROUNDS	Checked on rounds	✓	✓	✓
	P.M. Care					Respirations unchanged			
	Peri-Care								
	self	✓	✓	✓	<input checked="" type="checkbox"/> Acceptable normal <input checked="" type="checkbox"/> Within normal limits				
Doctor's visits									

NMATE NAME (LAST, FIRST, MIDDLE)

DOC#

DOB

RACE/SEX

FAC.

Adams, Anthony

180127

4/5/56

B/m

KCF

		11-7	7-3	3-11			11-7	7-3	3-11	
Time		0700	0700	1700	Time		0700	0700	1700	
Assessed by (initials):		BP	Y	QW	Assessed by (initials):		BP	Y	QW	
BEHAVIOR/MENTAL STATUS	Alert	✓	✓	✓	SKIN	Temperature: Warm	✓	✓	✓	
	Oriented x 3	✓	✓	✓		Hot	✓	✓	✓	
	Disoriented					Cool	✓	✓	✓	
	Lethargic					Turgor: Good	✓	✓	✓	
	Cooperative		✓	✓		Fair	✓	✓	✓	
	Combative/Uncooperative					Poor				
	Anxious					Moisture: Dry	✓	✓	✓	
	Depressed					Moist	✓	✓	✓	
						Color: WNL	✓	✓	✓	
SPEECH	Clear	✓	✓	✓		Pale	✓	✓	✓	
	Slurred					Flushed				
	Rambling					Cyanotic				
	Aphasic					Jaundice				
	Inappropriate					Edema (location/amount)	✓	✓	✓	
SENSATION/MOVEMENT	Moves all extremities	✓	✓	✓		TUBE FEEDINGS	Free of pressure/irritation			
	Weakness						Tube feeding/Type:			
	Paralysis						Bottle changed			
	Paresthesia					Tubing changed				
	CMS intact				SAFETY	Restraints: soft wrist/posey	✓	✓	✓	
ACTIVITIES	Bedrest					Call light in reach	✓	✓	✓	
	Turn q 2 hours					Bed in low position	✓	✓	✓	
	OOB (chair)					Siderails: up x 4	✓	✓	✓	
	BRP					Ambularm	✓	✓	✓	
	Bedside commode				OTHER	Decub. mattress/pad	✓	✓	✓	
	Ambulate	Self	✓	✓		TED hose: knee hi/thigh hi	✓	✓	✓	
				Remove 30 q 8 hours		✓	✓	✓		
HYGIENE	Complete/Assist/Partial				NURSING ROUNDS	Checked on rounds	✓	✓	✓	
	Shower/Shampoo					Respirations unchanged	✓	✓	✓	
	Oral Care									
	P.M. Care									
	Peri-Care									
		Self	✓	✓						
	Doctor's visits									

INMATE NAME (LAST, FIRST, MIDDLE)

Adams

Anthony

DOC#

180127

DOB

4/5/56

RACE/SEX

B/M

FAC.

KEF

11-7				7-3				3-11				11-7				7-3				3-11				
Time		05		9A		9:30		Time		05		9A		9:30		Time		05		9A		9:30		
Assessed by (initials):		Op		EJ		AB		Assessed by (initials):		Op		EJ		AB		Assessed by (initials):		Op		EJ		AB		
BEHAVIORAL STATUS	Alert	✓		✓		✓		SKIN	Temperature: Warm	✓		✓		✓		TUBE FEEDINGS	Tube feeding/Type:							
	Oriented x 3	✓		✓		✓			Hot									Bottle changed						
	Disoriented								Cool									Tubing changed						
	Lethargic								Turgor: Good	✓		✓		✓				Restraints: soft wrist/posey						
	Cooperative			✓		✓			Fair									Call light in reach						
	Combative/Uncooperative								Poor									Bed in low position						
	Anxious								Moisture: Dry	✓		✓		✓				Siderails: up x 4						
	Depressed								Moist									Ambul/arm						
									Color: WNL	✓		✓		✓				Decub. mattress/pad						
									Pale									TED hose: knee hi/high hi						
SPEECH	Clear	✓		✓		✓		Flushed							SAFETY	Remove 30 q 8 hours								
	Slurred							Cyanotic								OTHER	Checked on rounds	✓		✓		✓		
	Rambling							Jaundice									NURSING ROUNDS	Respirations unchanged	✓		✓		✓	
	Aphasic							Edema (location/amount)																
	Inappropriate							Free of pressure/irritation																
SENSATION/MOVEMENT	Moves all extremities	✓		✓		✓																		
	Weakness																							
	Paralysis																							
	Paresthesia																							
	CMS intact																							
ACTIVITIES	Bedrest							HYGIENE	Complete/Assist/Partial															
	Turn q 2 hours								Shower/Shampoo															
	OOB (chair)								Oral Care															
	BRP								P.M. Care															
	Bedside commode								Peri-Care															
	Ambulate <i>self</i>	✓		✓		✓			Doctor's visits															

✓ Acceptable normal

X Within normal limits

INMATE NAME (LAST, FIRST, MIDDLE)

Adams, Anthony

DOC#

180/27

DOB

4/5/56

RACE/SEX

B/M

FAC.

KCF

		11-7	7-3	3-11			11-7	7-3	3-11
Time		0800	9A	1800	Time		0800	9A	1800
Assessed by (initials):		10/1	63	09	Assessed by (initials):		10/1	63	09
BEHAVIORAL STATUS	Alert	✓	✓	✓	SKIN	Temperature: Warm	✓	✓	✓
	Oriented x 3	✓	✓	✓		Hot			
	Disoriented					Cool			
	Lethargic					Turgor: Good	✓	✓	✓
	Cooperative	✓	✓	✓		Fair			
	Combative/Uncooperative					Poor			
	Anxious					Moisture: Dry	✓	✓	✓
	Depressed					Moist			
						Color: WNL	✓	✓	✓
						Pale			
SPEECH	Clear	✓	✓	✓	Flushed				
	Slurred				Cyanotic				
	Rambling				Jaundice				
	Aphasic				Edema (location/amount)				
	Inappropriate								
SENSATION/MOVEMENT	Moves all extremities	✓	✓	✓	TUBE FEEDINGS	Free of pressure/irritation			
	Weakness					Tube feeding/Type:			
	Paralysis					Bottle changed			
	Paresthesia					Tubing changed			
	CMS intact								
ACTIVITIES	Bedrest			✓	SAFETY	Restraints: soft wrist/posey			
	Turn q 2 hours <i>self</i>	✓				Call light in reach			
	OOB (chair)					Bed in low position			
	BRP					Siderails: up x 4			
	Bedside commode					Ambulacard			
	Ambulate <i>self</i>	✓	✓	✓					
HYGIENE	Complete/Assist/Partial				OTHER	Decub. mattress/pad			
	Shower/Shampoo					TED hose: knee hi/thigh hi			
	Oral Care					Remove 30 q 8 hours			
	P.M. Care				NURSING ROUNDS	Checked on rounds	✓	✓	✓
	Peri-Care					Respirations unchanged			
	<i>self</i>	✓	✓	✓					
	Doctor's visits								

✓ Acceptable normal

x Within normal limits

INMATE NAME (LAST, FIRST, MIDDLE)

Adams Anthony

DOC#

180127

DOB

4/05/56

RACE/SEX

B/M

FAC.

KCF

		11-7	7-3	3-11			11-7	7-3	3-11
Time		05	09	10	Time		05	09	10
Assessed by (initials):		LB	GB	AW	Assessed by (initials):		LB	GB	AW
BEHAVIOR/MENTAL STATUS	Alert	✓	✓	✓	SKIN	Temperature: Warm	✓	✓	✓
	Oriented x 3	✓	✓	✓		Hot			
	Disoriented					Cool			
	Lethargic					Turgor: Good	✓	✓	✓
	Cooperative	✓	✓	✓		Fair			
	Combative/Uncooperative					Poor			
	Anxious					Moisture: Dry	✓	✓	✓
	Depressed					Moist			
						Color: WNL			
				Pale					
SPEECH	Clear	✓	✓	✓	Flushed				
	Slurred				Cyanotic				
	Rambling				Jaundice				
	Aphasic				Edema (location/amount)				
	Inappropriate								
SENSATION/MOVEMENT	Moves all extremities	✓	✓	✓	TUBE FEEDINGS	Tube feeding/Type:			
	Weakness								
	Paralysis					Bottle changed			
	Paresthesia								
	CMS intact					Tubing changed			
ACTIVITIES	Bedrest				SAFETY	Restraints: soft wrist/posey			
	Turn q 2 hours	self	✓	✓		Call light in reach			
	OOB (chair)					Bed in low position		✓	✓
	BRP		✓			Siderails: up x 4		✓	
	Bedside commode					Ambulacrum			
	Ambulate	self	✓	✓	✓				
HYGIENE	Complete/Assist/Partial				OTHER	Decub. mattress/pad			
	Shower/Shampoo								
	Oral Care					TED hose: knee hi/thigh hi			
	P.M. Care					Remove 30 q 8 hours			
	Peri-Care	self			NURSING ROUNDS	Checked on rounds	✓	✓	✓
	Peri-Care	self							
	Doctor's visits	per self	✓	✓					

INMATE NAME (LAST, FIRST, MIDDLE)

Adams, Anthony

DOC#

180127

DOB

4/05/56

RACE/SEX

B/M

FAC.

KCF

		11-7	7-3	3-11			11-7	7-3	3-11
Time			0735		Time			0735	
Assessed by (initials):			B		Assessed by (initials):			B	
BEHAVIORAL STATUS	Alert		✓		SKIN	Temperature: Warm		✓	
	Oriented x 3		✓			Hot			
	Disoriented					Cool			
	Lethargic					Turgor: Good			
	Cooperative		✓			Fair		✓	
	Combative/Uncooperative					Poor			
	Anxious					Moisture: Dry		✓	
	Depressed					Moist			
SPEECH	Clear		✓			Color: WNL		✓	
	Slurred					Pale			
	Rambling					Flushed			
	Aphasic					Cyanotic			
	Inappropriate					Jaundice			
						Edema (location/amount)		1	
SENSATION/MOVEMENT	Moves all extremities		✓			Free of pressure/irritation			
	Weakness					TUBE FEEDINGS	Tube feeding/Type:		1
	Paralysis				Bottle changed				
	Paresthesia				Tubing changed				
	CMS intact				SAFETY	Restraints: soft wrist/posey			
ACTIVITIES	Bedrest					Call light in reach			
	Turn q 2 hours					Bed in low position		✓	
	OOB (chair)					Siderails: up x 4			
	BRP					Ambulacrum			
	Bedside commode					OTHER	Decub. mattress/pad		1
	Ambulate		✓		TED hose: knee hi/high hi				
				Remove 30 q 8 hours					
HYGIENE	Complete/Assist/Partial				NURSING ROUNDS	Checked on rounds		✓	
	Shower/Shampoo					Respirations unchanged			
	Oral Care								
	P.M. Care								
	Peri-Care								
	Doctor's visits		✓						

✓ Acceptable normal

X Within normal limits

INMATE NAME (LAST, FIRST, MIDDLE)

DOC#

DOB

RACE/SEX

FAC.

Adams,

Anthony

180127

4/5/56

B/m

KCF

		11-7	7-3	3-11			11-7	7-3	3-11	
Time		04	0730	0800	Time		04	0730	0800	
Assessed by (initials):		Do	3	W	Assessed by (initials):		Do	3	W	
BEHAVIORMENTAL STATUS	Alert	✓	✓	✓	SKIN	Temperature: Warm	✓	✓	✓	
	Oriented x 3	✓	✓	✓		Hot				
	Disoriented					Cool				
	Lethargic					Turgor: Good	✓	✓	✓	
	Cooperative	✓	✓	✓		Fair				
	Combative/Uncooperative					Poor				
	Anxious					Moisture: Dry	✓	✓	✓	
	Depressed					Moist				
						Color: WNL	✓	✓	✓	
SPEECH	Clear	✓	✓	✓	Pale					
	Slurred				Flushed					
	Rambling				Cyanotic					
	Aphasic				Jaundice					
	Inappropriate				Edema (location/amount)		φ			
SENSATION/MOVEMENT	Moves all extremities	✓	✓	✓	Free of pressure/irritation					
	Weakness				TUBE FEEDINGS	Tube feeding/Type:	1	1		
	Paralysis					Bottle changed				
	Paresthesia					Tubing changed				
	CMS intact					Restraints: soft wrist/posey	1	1		
				Call light in reach						
ACTIVITIES	Bedrest				SAFETY	Bed in low position		✓	✓	
	Turn q 2 hours					Siderails: up x 4				
	OOB (chair)					Ambularm				
	BRP					OTHER	Decub. mattress/pad	1	1	
	Bedside commode						TED hose: knee hi/high hi			
	Ambulate self	✓	✓	✓			Remove 30 q 8 hours			
				NURSING ROUNDS	Checked on rounds		✓	✓	✓	
					Respirations unchanged					
HYGIENE	Complete/Assist/Partial				INMATE NAME (LAST, FIRST, MIDDLE)					
	Shower/Shampoo					DOC#	DOB	RACE/SEX	FAC.	
	Oral Care					180127	4/5/90	B/M	KCF	
	P.M. Care self									
	Peri-Care self									
	Doctor's visits									

INMATE NAME (LAST, FIRST, MIDDLE)

DOC#

DOB

RACE/SEX

FAC.

Adams, Anthony

180127

4/5/90

B/M

KCF

		11-7	7-3	3-11			11-7	7-3	3-11
Time			230	2300	Time			230	2300
Assessed by (initials):			SV	W	Assessed by (initials):			SV	W
BEHAVIOR/MENTAL STATUS	Alert		✓	✓	SKIN	Temperature: Warm		✓	✓
	Oriented x 3		✓	✓		Hot			
	Disoriented					Cool			
	Lethargic					Turgor: Good		✓	✓
	Cooperative		✓	✓		Fair			
	Combative/Uncooperative					Poor			
	Anxious					Moisture: Dry		✓	✓
	Depressed					Moist			
						Color: WNL		✓	✓
				Pale					
SPEECH	Clear		✓	✓	Flushed				
	Slurred				Cyanotic				
	Rambling				Jaundice				
	Aphasic				Edema (location/amount)				
	Inappropriate								
SENSATION/MOVEMENT	Moves all extremities		✓	✓	Free of pressure/irritation				
	Weakness								
	Paralysis								
	Paresthesia								
	CMS intact								
ACTIVITIES	Bedrest				TUBE FEEDINGS	Tube feeding/Type:			
	Turn q 2 hours								
	OOB (chair)					Bottle changed			
	BRP					Tubing changed			
	Bedside commode								
	Ambulate		✓	✓					
HYGIENE	Complete/Assist/Partial				SAFETY	Restraints: soft wrist/posey			
	Shower/Shampoo					Call light in reach			
	Oral Care					Bed in low position		✓	✓
	P.M. Care					Siderails: up x 4			
	Peri-Care					Ambulacrum			
	Self		✓	✓					
Doctor's visits				OTHER	Decub. mattress/pad				
					TED hose: knee hi/high hi				
					Remove 30 q 8 hours				
NURSING ROUNDS	Checked on rounds		✓	✓	NURSING ROUNDS	Respirations unchanged			

✓ Acceptable normal

X Within normal limits

INMATE NAME (LAST, FIRST, MIDDLE)

Adams

Anthony

DOC#

1801274

DOB

5/54

RACE/SEX

B/m

FAC.

KCF

		11-7	7-3	3-11			11-7	7-3	3-11
Time		0600	0730	1830	Time		0600	0730	1830
Assessed by (initials):		RB	SV	KS	Assessed by (initials):		RB	SV	KS
BEHAVIOR/MENTAL STATUS	Alert	✓	✓	✓	SKIN	Temperature: Warm	✓	✓	✓
	Oriented x 3	✓	✓	✓		Hot			
	Disoriented					Cool	✓	✓	✓
	Lethargic					Turgor: Good	✓	✓	✓
	Cooperative	✓	✓	✓		Fair			
	Combative/Uncooperative					Poor	✓	✓	✓
	Anxious					Moisture: Dry	✓	✓	✓
	Depressed					Moist	✓	✓	✓
						Color: WNL	✓	✓	✓
				Pale					
SPEECH	Clear	✓	✓	✓	Flushed				
	Slurred				Cyanotic				
	Rambling				Jaundice				
	Aphasic				Edema (location/amount)				
	Inappropriate								
SENSATION/MOVEMENT	Moves all extremities	✓	✓	✓	TUBE FEEDINGS	Free of pressure/irritation			
	Weakness					Tube feeding/Type:	M	I	
	Paralysis					Bottle changed			
	Paresthesia				Tubing changed				
	CMS intact				SAFETY	Restraints: soft wrist/posey			
ACTIVITIES	Bedrest					Call light in reach		✓	✓
	Turn q 2 hours	self ✓	0800 ✓	✓		Bed in low position	✓	✓	✓
	OOB (chair)					Siderails: up x 4			
	BRP					Ambulacrum			
	Bedside commode					OTHER	Decub. mattress/pad		
	Ambulate		✓	✓	TED hose: knee hi/high hi				
				Remove 30 q 8 hours			✓	✓	
HYGIENE	Complete/Assist/Partial				NURSING ROUNDS	Checked on rounds	✓	✓	✓
	Shower/Shampoo					Respirations unchanged			✓
	Oral Care								
	P.M. Care								
	Peri-Care		✓	✓					
	self ✓	✓	✓	✓					
	Doctor's visits								
					<input checked="" type="checkbox"/> Acceptable normal <input type="checkbox"/> Within normal limits				

INMATE NAME (LAST, FIRST, MIDDLE)

ADAMS Anthony

DOC#

180124

DOB

4/5/54

RACE/SEX

B/M

FAC.

RCF

		11-7	7-3	3-11			11-7	7-3	3-11
Time		0500	0700	1000	Time		0600	0700	
Assessed by (initials):		RB	Z	W	Assessed by (initials):		RB	Z	
BEHAVIOR/MENTAL STATUS	Alert	✓	✓	✓	SKIN	Temperature: Warm	✓	✓	✓
	Oriented x 3	✓	✓	✓		Hot			
	Disoriented					Cool	✓		
	Lethargic					Turgor: Good	✓	✓	✓
	Cooperative	✓	✓	✓		Fair			
	Combative/Uncooperative					Poor			
	Anxious					Moisture: Dry	✓	✓	✓
	Depressed					Moist	✓	✓	✓
						Color: WNL	✓	✓	✓
SPEECH	Clear	✓	✓	✓	Pale				
	Slurred				Flushed				
	Rambling				Cyanotic				
	Aphasic				Jaundice				
	Inappropriate				Edema (location/amount)		✓		
SENSATION/MOVEMENT	Moves all extremities	✓	✓	✓	TUBE FEEDINGS	Free of pressure/irritation			
	Weakness					Tube feeding/Type:			
	Paralysis					Bottle changed			
	Paresthesia					Tubing changed			
	CMS intact								
ACTIVITIES	Bedrest				SAFETY	Restraints: soft wrist/posey			
	Turn q 2 hours	✓				Call light in reach	✓	✓	✓
	OOB (chair)					Bed in low position			
	BRP					Siderails: up x 4			
	Bedside commode					Ambularm			
	Ambulate		✓	✓					
HYGIENE	Complete Assist/Partial				OTHER	Decub. mattress/pad			
	Shower/Shampoo					TED hose: knee hi/thigh hi			
	Oral Care					Remove 30 q 8 hours			
	P.M. Care				NURSING ROUNDS	Checked on rounds	✓	✓	✓
	Peri-Care					Respirations unchanged	✓	✓	✓
	Doctor's visits	✓	✓	✓					
						<input checked="" type="checkbox"/> Acceptable normal <input checked="" type="checkbox"/> Within normal limits			

INMATE NAME (LAST, FIRST, MIDDLE)

Adams

DOC#

18027

DOB

4/5/80

RACE/SEX

B/M

FAC.

R/F

		11-7	7-3	3-11			11-7	7-3	3-11	
Time		0400	800	16:30	Time		0400	800	16:00	
Assessed by (initials):		NB	EG	AB	Assessed by (initials):		NB	EG	AB	
BEHAVIORAL STATUS	Alert	✓	✓	✓	SKIN	Temperature: Warm	✓	✓	✓	
	Oriented x 3	✓	✓	✓		Hot				
	Disoriented					Cool				
	Lethargic					Turgor: Good	✓	✓	✓	
	Cooperative	✓	✓	✓		Fair				
	Combative/Uncooperative					Poor				
	Anxious					Moisture: Dry	✓	✓	✓	
	Depressed					Moist				
SPEECH	Clear	✓	✓	✓		Color: WNL	✓	✓	✓	
	Slurred					Pale				
	Rambling					Flushed				
	Aphasic					Cyanotic				
	Inappropriate					Jaundice				
						Edema (location/amount)				
SENSATION/MOVEMENT	Moves all extremities	✓	✓	✓		TUBE FEEDINGS	Tube feeding/Type:			
	Weakness						Bottle changed			
	Paralysis				Tubing changed					
	Paresthesia				SAFETY	Restraints: soft wrist/posey				
	CMS intact					Call light in reach				
ACTIVITIES	Bedrest					Bed in low position				
	Turn q 2 hours <i>self</i>	✓				Siderails: up x 4				
	OOB (chair)					Ambularm				
	BRP		✓	✓	OTHER	Decub. mattress/pad				
	Bedside commode					TED hose: knee hi/thigh hi				
Ambulate <i>self</i>	✓	✓	✓	Remove 30 q 8 hours						
HYGIENE	Complete/Assist/Partial				NURSING ROUNDS	Checked on rounds	✓	✓	✓	
	Shower/Shampoo					Respirations unchanged	✓		✓	
	Oral Care									
	P.M. Care									
	Peri-Care									
	<i>self</i>	✓	✓	✓						
	Doctor's visits									

✓ Acceptable normal

X Within normal limits

PATIENT NAME (LAST, FIRST, MIDDLE)

DOC#

DOB

RACE/SEX

FAC

180-127

4/15/56

B/m

KCF

Adams, Anthony

11-7				7-3				3-11				11-7				7-3				3-11											
Time		11:20		8A		1700		Time		11:20		8A		1700		Assessed by (initials):		DC		ES		QW		DC		ES		QW			
Assessed by (initials):		DC		ES		QW		Assessed by (initials):		DC		ES		QW																	
BEHAVIOR/MENTAL STATUS	Alert	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				SKIN	Temperature: Warm	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																			
	Oriented x 3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					Hot																						
	Disoriented								Cool																						
	Lethargic								Turgor: Good	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																			
	Cooperative	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					Fair																						
	Combative/Uncooperative								Poor																						
	Anxious								Moisture: Dry	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																			
	Depressed								Moist																						
									Color: WNL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																			
SPEECH	Clear	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				Pale																							
	Slurred							Flushed																							
	Rambling							Cyanotic																							
	Aphasic							Jaundice																							
	Inappropriate							Edema (location/amount)																							
SENSATION/MOVEMENT	Moves all extremities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				TUBE FEEDINGS	Free of pressure/irritation																						
	Weakness						Tube feeding/Type:																								
	Paralysis						Bottle changed																								
	Paresthesia						Tubing changed																								
	CMS intact																														
ACTIVITIES	Bedrest						SAFETY	Restraints: soft wrist/posey																							
	Turn q 2 hours <i>self</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				Call light in reach																							
	OOB (chair)							Bed in low position																							
	BRP							Siderails: up x 4																							
	Bedside commode							Ambularm																							
	Ambulate	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																											
HYGIENE	Complete/Assist/Partial						OTHER	Decub. mattress/pad																							
	Shower/Shampoo							TED hose: knee hi/high hi																							
	Oral Care							Remove 30 q 8 hours																							
	P.M. Care						NURSING ROUNDS	Checked on rounds	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																				
	Peri-Care							Respirations unchanged	<input checked="" type="checkbox"/>																						
	<i>self</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																											
Doctor's visits																															

NMATE NAME (LAST, FIRST, MIDDLE)

DOC#

DOB

RACE/SEX

FAC.

Adams

Adams

180127

4-5-86

BS

11-7				7-3				3-11				11-7				7-3				3-11							
Time		0400						1800						Time		0400						1800					
Assessed by (initials):		RB						RB						Assessed by (initials):		RB						RB					
BEHAVIOR/MENTAL STATUS	Alert														Temperature: Warm												
	Oriented x 3														Hot												
	Disoriented														Cool												
	Lethargic														Turgor: Good												
	Cooperative														Fair												
	Combative/Uncooperative														Poor												
	Anxious														Moisture: Dry												
	Depressed														Moist												
															Color: WNL												
SKIN	Clear														Pale												
	Slurred														Flushed												
	Rambling														Cyanotic												
	Aphasic														Jaundice												
	Inappropriate														Edema (location/amount)												
SPEECH	Moves all extremities														Free of pressure/irritation												
	Weakness																										
	Paralysis																										
	Paresthesia																										
	CMS intact																										
TUBE FEEDINGS	Tube feeding/Type:																										
	Bottle changed																										
	Tubing changed																										
ACTIVITIES	Bedrest														Restraints: soft wrist/posey												
	Turn q 2 hours														Call light in reach												
	OOB (chair)														Bed in low position												
	BRP														Siderails: up x 4												
	Bedside commode														Ambularm												
	Ambulate																										
HYGIENE	Complete/Assist/Partial														Decub. mattress/pad												
	Shower/Shampoo														TED hose: knee hi/high hi												
	Oral Care														Remove 30 q 8 hours												
	P.M. Care														Checked on rounds												
	Peri-Care														Respirations unchanged												
	Doctor's visits																										

PATIENT NAME (LAST, FIRST, MIDDLE)

DOC#

DOB

RACE/SEX

FAC.

A OAMS

P. Adams

BM

REF

				11-7	7-3	3-11					11-7	7-3	3-11		
Time		0500		0705		2000		Time		0500		0705		2000	
Assessed by (initials):		RB		RB		WB		Assessed by (initials):		RB		RB		WB	
GENERAL	Alert	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				SKIN	Temperature: Warm	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
	Oriented x 3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					Hot						
	Disoriented								Cool						
	Lethargic								Turgor: Good	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
	Cooperative	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					Fair						
	Combative/Uncooperative								Poor						
	Anxious								Moisture: Dry	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
	Depressed								Moist						
									Color: WNL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
									Pale						
SPEECH	Clear	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				Flushed							
	Sturred							Cyanotic							
	Rambling							Jaundice							
	Aphasic							Edema (location/amount)							
	Inappropriate														
SENSATION/MOVEMENT	Moves all extremities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				Free of pressure/irritation							
	Weakness														
	Paralysis							TUBE FEEDINGS							
	Paresthesia							Tube feeding/Type:							
	CMS intact							Bottle changed							
ACTIVITIES	Bedrest							Tubing changed							
	Turn q 2 hours														
	OOB (chair)														
	BRP														
	Bedside commode														
	Ambulate	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>											
HYGIENE	Complete/Assist/Partial														
	Shower/Shampoo														
	Oral Care														
	P.M. Care														
	Peri-Care														
	Self	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>											
OTHER	Doctor's visits														
NURSING ROUNDS															
<input checked="" type="checkbox"/> Acceptable normal <input checked="" type="checkbox"/> Within normal limits															
INMATE NAME (LAST, FIRST, MIDDLE)								DOC#		DOB		RACE/SEX		FAC.	
ADAMS								Anthony				B/M		KCF	

		11-7	7-3	3-11			11-7	7-3	3-11
Time		0400	0715		Time		0400	0715	
Assessed by (initials):		MB	SV		Assessed by (initials):		MB	SV	
BEHAVIOR/MENTAL STATUS	Alert	✓	✓		SKIN	Temperature: Warm	✓	✓	
	Oriented x 3	✓	✓			Hot			
	Disoriented					Cool			
	Lethargic					Turgor: Good	✓	✓	
	Cooperative	✓	✓			Fair			
	Combative/Uncooperative					Poor			
	Anxious					Moisture: Dry	✓	✓	
	Depressed					Moist			
Clear	✓	✓		Color: WNL		✓	✓		
Slurred				Pale					
Rambling				Flushed					
Aphasic				Cyanotic					
Inappropriate				Jaundice					
SPEECH	Moves all extremities	✓	✓		Edema (location/amount)				
	Weakness								
	Paralysis								
	Paresthesia				Free of pressure/irritation				
	CMS intact								
SENSATION/MOVEMENT	Tube feeding/Type:				TUBE FEEDINGS	Bottle changed			
						Tubing changed			
	Bedrest				SAFETY	Restraints: soft wrist/posey			
	Turn q 2 hours					Call light in reach			
OOB (chair)				Bed in low position		✓	✓		
BRP				Siderails: up x 4					
Bedside commode				Ambulacrum					
Ambulate	✓	✓							
ACTIVITIES	Complete/Assist/Partial				OTHER	Decub. mattress/pad			
	Shower/Shampoo					TED hose: knee hi/high hi			
	Oral Care					Remove 30 q 8 hours			
	P.M. Care				NURSING ROUNDS	Checked on rounds	✓	✓	
	Peri-Care					Respirations unchanged	✓	✓	
Doctor's visits	✓	✓							
HYGIENE									

NMATE NAME (LAST, FIRST, MIDDLE)

DOC#

DOB

RACE/SEX

FAC.

Adams Anthony

180127

4/5/56

B/m

1ccf

		11-7	7-3	3-11			11-7	7-3	3-11	
Time		0200	0700	1800	Time		0200	0700	1800	
Assessed by (initials):		RB	BT	QA	Assessed by (initials):		RB	BT	QA	
BEHAVIOR/MENTAL STATUS	Alert	✓	✓	✓	SKIN	Temperature: Warm	✓	✓	✓	
	Oriented x 3	✓	✓	✓		Hot				
	Disoriented					Cool				
	Lethargic					Turgor: Good	✓	✓	✓	
	Cooperative	✓	✓	✓		Fair				
	Combative/Uncooperative					Poor				
	Anxious					Moisture: Dry	✓	✓	✓	
	Depressed					Moist				
						Color: WNL	✓	✓	✓	
SPEECH	Clear	✓	✓	✓	Pale					
	Slurred				Flushed					
	Rambling				Cyanotic					
	Aphasic				Jaundice					
	Inappropriate				Edema (location/amount)		1	1		
SENSATION/MOVEMENT	Moves all extremities	✓	✓	✓	TUBE FEEDINGS	Free of pressure/irritation				
	Weakness					Tube feeding/Type:				
	Paralysis					Bottle changed				
	Paresthesia					Tubing changed				
	CMS intact					Restraints: soft wrist/posey				
ACTIVITIES	Bedrest				SAFETY	Call light in reach				
	Turn q 2 hours					Bed in low position	✓	✓	✓	
	OOB (chair)					Siderails: up x 4				
	BRP					Ambularm				
	Bedside commode					Decub. mattress/pad		1	1	
	Ambulate	✓	✓	✓		TED hose: knee hi/thigh hi				
HYGIENE	Complete/Assist/Partial				OTHER	Remove 30 q 8 hours				
	Shower/Shampoo					NURSING ROUNDS	Checked on rounds	✓	✓	✓
	Oral Care						Respirations unchanged			
	P.M. Care									
	Peri-Care									
	Doctor's visits	Self	✓	✓						

INMATE NAME (LAST, FIRST, MIDDLE)

DOC#

DOB

RACE/SEX

FAC.

Adams

A-Phony

187127

4-5-56

B/M

KCF

11-7				7-3				3-11			
Time		0500	0800	1400	Time		0500	0800	1400		
Assessed by (initials):		RB	SV	KE	Assessed by (initials):		RB	SV	KE		
BEHAVIOR/MENTAL STATUS	Alert	✓	✓	✓	SKIN	Temperature: Warm	✓	✓	✓		
	Oriented x 3	✓	✓	✓		Hot					
	Disoriented					Cool					
	Lethargic					Turgor: Good	✓	✓	✓		
	Cooperative	✓	✓	✓		Fair					
	Combative/Uncooperative					Poor					
	Anxious					Moisture: Dry	✓	✓	✓		
	Depressed					Moist	✓	✓	✓		
SPEECH	Clear	✓	✓	✓	Color: WNL	✓	✓	✓			
	Slurred				Pale						
	Rambling				Flushed						
	Aphasic				Cyanotic						
	Inappropriate				Jaundice						
SENSATION/MOVEMENT	Moves all extremities	✓	✓	✓	Edema (location/amount)						
	Weakness										
	Paralysis										
	Paresthesia										
	CMS intact				Free of pressure/irritation						
ACTIVITIES	Bedrest				TUBE FEEDINGS	Tube feeding/Type:					
	Turn q 2 hours <i>self</i>			✓							
	OOB (chair)					Bottle changed					
	BRP			✓		Tubing changed					
	Bedside commode										
	Ambulate	✓	✓	✓							
HYGIENE	Complete/Assist/Partial				SAFETY	Restraints: soft wrist/posey					
	Shower/Shampoo					Call light in reach	✓	✓	✓		
	Oral Care					Bed in low position		✓	✓		
	P.M. Care					Siderails: up x 4					
	Peri-Care				Ambularm						
	<i>self</i>	✓	✓	✓	OTHER	Decub. mattress/pad					
	Doctor's visits					TED hose: knee hi/thigh hi					
				Remove 30 q 8 hours							
NURSING ROUNDS	Checked on rounds				NURSING ROUNDS	Respirations unchanged	✓	✓	✓		

INMATE NAME (LAST, FIRST, MIDDLE)

DOC#

DOB

RACE/SEX

FAC.

Adams

Anthony

4-5-56

B/M

KEF

		11-7	7-3	3-11			11-7	7-3	3-11	
Time					Time					
Assessed by (initials):				LT	Assessed by (initials):				LT	
BEHAVIOR/MENTAL STATUS	Alert			✓	SKIN	Temperature: Warm			✓	
	Oriented x 3			✓		Hot				
	Disoriented					Cool				
	Lethargic					Turgor: Good			✓	
	Cooperative			✓		Fair				
	Combative/Uncooperative					Poor				
	Anxious					Moisture: Dry			✓	
	Depressed					Moist				
						Color: WNL			✓	
				Pale						
SPEECH	Clear			✓	Flushed					
	Slurred				Cyanotic					
	Rambling				Jaundice					
	Aphasic				Edema (location/amount)					
	Inappropriate									
SENSATION/MOVEMENT	Moves all extremities			✓	TUBE FEEDINGS	Free of pressure/irritation				
	Weakness					Tube feeding/Type:				
	Paralysis				Bottle changed					
	Paresthesia				Tubing changed					
CMS intact				SAFETY	Restraints: soft wrist/posey					
					Call light in reach					
					Bed in low position					
					Siderails: up x 4					
					Ambularm					
ACTIVITIES	Bedrest				OTHER	Decub. mattress/pad				
	Turn q 2 hours			✓		TED hose: knee hi/thigh hi				
	OOB (chair)			✓		Remove 30 q 8 hours				
	BRP					NURSING ROUNDS	Checked on rounds			
	Bedside commode						Respirations unchanged			✓
	Ambulate			✓						
HYGIENE	Complete/Assist/Partial				<input checked="" type="checkbox"/> Acceptable normal <input type="checkbox"/> Within normal limits					
	Shower/Shampoo									
	Oral Care									
	P.M. Care									
	Peri-Care									
	Doctor's visits			✓						

INMATE NAME (LAST, FIRST, MIDDLE)

DOC#

DOB

RACE/SEX

FAC.

Adams, Anthony

780127

4/5/56

B/m

ICP

		11-7	7-3	3-11			11-7	7-3	3-11	
Time		8400		1800	Time		8400		1800	
Assessed by (initials):		AS		AS	Assessed by (initials):		AS		AS	
BEHAVIOR/MENTAL STATUS	Alert	✓		✓	SKIN	Temperature: Warm	✓		✓	
	Oriented x 3	✓		✓		Hot				
	Disoriented					Cool				
	Lethargic					Turgor: Good	✓		✓	
	Cooperative	✓		✓		Fair				
	Combative/Uncooperative					Poor				
	Anxious					Moisture: Dry	✓		✓	
	Depressed					Moist				
						Color: WNL	✓		✓	
SPEECH	Clear	✓		✓	Pale			✓		
	Slurred				Flushed					
	Rambling				Cyanotic					
	Aphasic				Jaundice					
	Inappropriate				Edema (location/amount)					
SENSATION/MOVEMENT	Moves all extremities	✓		✓	Free of pressure/irritation					
	Weakness				TUBE FEEDINGS	Tube feeding/Type:				
	Paralysis					Bottle changed				
	Paresthesia					Tubing changed				
	CMS intact					Restraints: soft wrist/posey				
ACTIVITIES	Bedrest				SAFETY	Call light in reach				
	Turn q 2 hours					Bed in low position				
	OOB (chair)					Siderails: up x 4				
	BRP					Ambulacrum				
	Bedside commode					Decub. mattress/pad				
	Ambulate	✓		✓		TED hose: knee hi/high hi				
HYGIENE	Complete/Assist/Partial				OTHER	Remove 30 q 8 hours				
	Shower/Shampoo					NURSING ROUNDS	Checked on rounds	✓		✓
	Oral Care						Respirations unchanged	✓		✓
	P.M. Care									
	Peri-Care									
	self	✓		✓						
	Doctor's visits									

✓ Acceptable normal

X Within normal limits

INMATE NAME (LAST, FIRST, MIDDLE)

DOC#

DOB

RACE/SEX

FAC.

Adams

Anthony

182127

4-5-56

B7

Ker

		11-7	7-3	3-11			11-7	7-3	3-11
Time		12 AM	0900	0900	Time		12 AM	0900	0900
Assessed by (initials):		AS	SV	ay	Assessed by (initials):		AS	SV	ay
BEHAVIOR/MENTAL STATUS	Alert	✓	✓	✓	SKIN	Temperature: Warm	✓	✓	✓
	Oriented x 3	✓	✓	✓		Hot			
	Disoriented					Cool			
	Lethargic					Turgor: Good	✓	✓	✓
	Cooperative	✓	✓	✓		Fair			
	Combative/Uncooperative					Poor			
	Anxious					Moisture: Dry	✓	✓	✓
	Depressed					Moist			
SPEECH	Clear	✓	✓	✓		Color: WNL	✓	✓	✓
	Slurred					Pale			
	Rambling					Flushed			
	Aphasic					Cyanotic			
	Inappropriate					Jaundice			
SENSATION/MOVEMENT	Moves all extremities	✓	✓	✓		Edema (location/amount)			
	Weakness								
	Paralysis								
	Paresthesia								
	CMS intact				Free of pressure/irritation				
ACTIVITIES	Bedrest				TUBE FEEDINGS	Tube feeding/Type:			
	Turn q 2 hours	✓							
	OOB (chair)					Bottle changed			
	BRP				Tubing changed				
	Bedside commode				SAFETY	Restraints: soft wrist/posey			
	Ambulate	✓	✓	✓		Call light in reach		✓	✓
				Bed in low position			✓	✓	
HYGIENE	Complete/Assist/Partial					Siderails: up x 4		✓	✓
	Shower/Shampoo					Ambularm			
	Oral Care				OTHER	Decub. mattress/pad			
	P.M. Care					TED hose: knee hi/high hi			
	Peri-Care					Remove 30 q 8 hours			
	Doctor's visits	✓	✓	✓	NURSING ROUNDS	Checked on rounds	✓	✓	✓
						Respirations unchanged	✓		

✓ Acceptable normal

X Within normal limits

INMATE NAME (LAST, FIRST, MIDDLE)

Adams,

DOC#

Anthony

DOB

180127

RACE/SEX

4/5/56

FAC.

Bm

KCP

		11-7	7-3	3-11			11-7	7-3	3-11
Time		0600	0730	1800	Time		0600	0730	1800
Assessed by (initials):		SV	SV	aw	Assessed by (initials):		SV	SV	aw
BEHAVIOR/MENTAL STATUS	Alert	✓	✓	✓	SKIN	Temperature: Warm	✓	✓	✓
	Oriented x 3	✓	✓	✓		Hot			
	Disoriented					Cool			
	Lethargic					Turgor: Good	✓	✓	✓
	Cooperative	✓	✓	✓		Fair			
	Combative/Uncooperative					Poor			
	Anxious					Moisture: Dry	✓	✓	✓
	Depressed					Moist			
						Color: WNL	✓	✓	✓
				Pale					
				Flushed					
				Cyanotic					
				Jaundice					
				Edema (location/amount)					
				Free of pressure/irritation					
SPEECH	Clear	✓	✓	✓	TUBE FEEDINGS	Tube feeding/Type:	✓	✓	✓
	Slurred					Bottle changed	✓	✓	✓
	Rambling					Tubing changed	✓	✓	✓
	Aphasic				SAFETY	Restraints: soft wrist/posey			
	Inappropriate					Call light in reach	✓	✓	✓
				Bed in low position					
SENSATION/MOVEMENT	Moves all extremities	✓	✓	✓	Siderails: up x 2	✓	✓	✓	
	Weakness				Ambularm				
	Paralysis				Decub. mattress/pad	✓	✓	✓	
	Paresthesia				TED hose: knee hi/high hi				
	CMS intact				Remove 30 q 8 hours	✓	✓	✓	
ACTIVITIES	Bedrest				OTHER	Checked on rounds	✓	✓	✓
	Turn q 2 hours					Respirations unchanged			
	OOB (chair)								
	BRP				NURSING ROUNDS				
	Bedside commode								
Ambulate	✓	✓	✓						
HYGIENE	Complete/Assist/Partial		✓	✓	<input checked="" type="checkbox"/> Acceptable normal <input checked="" type="checkbox"/> Within normal limits				
	Shower/Shampoo								
	Oral Care								
	P.M. Care								
	Peri-Care								
	Self	✓	✓	✓					
	Doctor's visits								

INMATE NAME (LAST, FIRST, MIDDLE)

DOC#

DOB

RACE/SEX

FAC.

Adams

Anthony

		11-7	7-3	3-11			11-7	7-3	3-11
Time		0400	0900	1745	Time		0400	0900	1745
Assessed by (initials):		RB	RB	RB	Assessed by (initials):		RB	RB	RB
BEHAVIORMENTAL STATUS	Alert	✓	✓	✓	SKIN	Temperature: Warm	✓	✓	✓
	Oriented x 3	✓	✓	✓		Hot			
	Disoriented					Cool		✓	✓
	Lethargic					Turgor: Good	✓	✓	✓
	Cooperative	✓	✓	✓		Fair			
	Combative/Uncooperative					Poor			
	Anxious					Moisture: Dry	✓	✓	✓
	Depressed					Moist			
SPEECH	Clear	✓	✓	✓		Color: WNL	✓	✓	✓
	Slurred					Pale			
	Rambling					Flushed			
	Aphasic					Cyanotic			
	Inappropriate					Jaundice			
						Edema (location/amount)		0	0
SENSATION/MOVEMENT	Moves all extremities	✓	✓	✓		Free of pressure/irritation			
	Weakness					TUBE FEEDINGS	Tube feeding/Type:		
	Paralysis				Bottle changed				
	Paresthesia				Tubing changed				
	CMS intact				SAFETY	Restraints: soft wrist/posey			
ACTIVITIES	Bedrest					Call light in reach			
	Turn q 2 hours	Self	✓	✓		Bed in low position	✓	✓	
	OOB (chair)		✓	✓		Siderails: up x 4			
	BRP		✓	✓		Ambulacrum			
	Bedside commode				OTHER	Decub. mattress/pad			
	Ambulate	Self	✓	✓		TED hose: knee hi/thigh hi			
				Remove 30 q 8 hours					
HYGIENE	Complete/Assist/Partial				NURSING ROUNDS	Checked on rounds	✓	✓	
	Shower/Shampoo					Respirations unchanged			
	Oral Care								
	P.M. Care								
	Peri-Care		✓	✓					
	Doctor's visits	Self	✓	✓					

✓ Acceptable normal

X Within normal limits

INMATE NAME (LAST, FIRST, MIDDLE)

DOC#

DOB

RACE/SEX

FAC.

Adams Anthony

180627

B/M

		11-7	7-3	3-11			11-7	7-3	3-11
Time		0500	0800	1600	Time		0500	0800	1600
Assessed by (initials):		RB	RB	RB	Assessed by (initials):		RB	RB	RB
BEHAVIOR/MENTAL STATUS	Alert	/	/	/	SKIN	Temperature: Warm	/	/	/
	Oriented x 3	/	/	/		Hot	/	/	/
	Disoriented					Cool			
	Lethargic					Turgor: Good	/	/	/
	Cooperative	/	/	/		Fair			
	Combative/Uncooperative					Poor			
	Anxious					Moisture: Dry	/	/	/
	Depressed					Moist			
Clear	/	/	/	Color: WNL		/	/	/	
Slurred				Pale					
Rambling				Flushed					
Aphasic				Cyanotic					
Inappropriate				Jaundice					
SENSATION/MOVEMENT	Moves all extremities	/	/	/	Edema (location/amount)				
	Weakness				Free of pressure/irritation	/	/	/	
	Paralysis				Tube feeding/Type:	/	/	/	
	Paresthesia				Bottle changed	/	/	/	
	CMS intact				Tubing changed	/	/	/	
ACTIVITIES	Bedrest				SAFETY	Restraints: soft wrist/posey			
	Turn q 2 hours	Self	/	/		Call light in reach	/	/	/
	OOB (chair)		/	/		Bed in low position	/	/	/
	BRP		/	/		Siderails: up x 4	/	/	/
	Bedside commode					Ambularm			
	Ambulate	Self	/	/	Decub. mattress/pad				
HYGIENE	Complete/Assist/Partial				OTHER	TED hose: knee hi/high hi			
	Shower/Shampoo					Remove 30 q 8 hours			
	Oral Care					NURSING ROUNDS	Checked on rounds	/	/
	P.M. Care				Respirations unchanged		/	/	/
	Peri-Care								
	ADLs Self	/	/	/					
Doctor's visits									

INMATE NAME (LAST, FIRST, MIDDLE)

Adams Anthony

DOC#

180187

DOB

4-5-56

RACE/SEX

B/M

FAC.

KCF

		11-7	7-3	3-11			11-7	7-3	3-11
Time		0400	0800	1000	Time		0400	0800	1000
Assessed by (initials):		MS	MS	MS	Assessed by (initials):		MS	MS	MS
BEHAVIOR/MENTAL STATUS	Alert	✓	✓	✓	SKIN	Temperature: Warm	✓	✓	✓
	Oriented x 3	✓	✓	✓		Hot			
	Disoriented					Cool			
	Lethargic					Turgor: Good	✓	✓	✓
	Cooperative	✓	✓	✓		Fair			
	Combative/Uncooperative					Poor			
	Anxious					Moisture: Dry	✓	✓	✓
	Depressed					Moist			
SPEECH	Clear	✓	✓	✓	Color: WNL	✓	✓	✓	
	Slurred				Pale				
	Rambling				Flushed				
	Aphasic				Cyanotic				
	Inappropriate				Jaundice				
SENSATION/MOVEMENT	Moves all extremities	✓	✓	✓	Edema (location/amount)				
	Weakness				Free of pressure/irritation				
	Paralysis				TUBE FEEDINGS	Tube feeding/Type:			
	Paresthesia					Bottle changed			
	CMS intact					Tubing changed			
ACTIVITIES	Bedrest				SAFETY	Restraints: soft wrist/posey			
	Turn q 2 hours <i>self</i>	✓	✓	✓		Call light in reach			
	OOB (chair)					Bed in low position	✓	✓	
	BRP					Siderails: up x 4			
	Bedside commode					Ambularm			
	Ambulate	✓	✓	✓		OTHER	Decub. mattress/pad		
HYGIENE	Complete/Assist/Partial				TED hose: knee hi/high hi				
	Shower/Shampoo				Remove 30 q 8 hours				
	Oral Care				NURSING ROUNDS	Checked on rounds	✓	✓	
	P.M. Care					Respirations unchanged	✓	✓	
	Peri-Care								
	Doctor's visits <i>self</i>	✓	✓	✓			✓	Acceptable normal	X

INMATE NAME (LAST, FIRST, MIDDLE)

DOC#

DOB

RACE/SEX

FAC.

Adams Anthony

180107

4/5/56

Blm

KCE



PRISON
HEALTH
SERVICES
INCORPORATED

INFIRMARY NURSING PROGRESS NOTES

Date/Time	
7/19/04 0900	S - no verbal complaints voiced & present O - Resting quietly, & eyes closed, resp. reg cense WAD noted A - alt. Resp. Status R/T D/TB P - will cont plan of care — S. Vaughn, RN
7/19/04 210	S - No % C present O - 7 ad lib in cell. NAD noted. Resp. reg ease. No diaphoresis noted A - alt. resp status R/T dx P - P.O.C. Cont — Marrell J
7/20/04 0400	S - NO complaint voiced O - A+O X3. NO distress NOTED. Ambulate within cell ad lib. A - ALT IN Health Status R/T DX P - Continue POC — RB Jordan
7/20/04 0730	S - no verbal complaint voiced & present O - Resting quietly on D side & eyes closed resp. cense WAD noted A - alt. Resp. Status R/T D/TB P - will cont to monitor — S. Vaughn, RN
7/20/04 1800	S - No complaints voiced. O - A+O X3. Up ad lib in cell. No acute distress noted. Resp isolation in progress. A - Alteration in health status R/T dx. P - Cont plan of care. — A. Hells

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	R/S	FAC.
Adams, Anthony	180127	4/5/56	B/m	KCF

NAME <u>Adams, Anthony</u>	AIS# <u>180127</u>
DATE <u>4/9/96</u>	FACILITY <u>BCCF</u>
SIG. <u>Tetracycline</u> <u>7 chex 300 PO qd X 10d</u> <u>04-09-1996</u> <u>CS for 4/9/96</u>	DISCONTINUE CONTINUE INCREASE DECREASE
Physician Signature: <u>[Signature]</u>	

NAME <u>Adams, Anthony</u>	AIS# <u>180127</u>
DATE <u>3/29/96</u>	FACILITY <u>BCCF</u>
SIG. <u>Culture methals debrage Done</u> <u>U P L Done</u> <u>Cups 500 bid X 7d</u> <u>03-29-1996</u> <u>[Signature]</u>	DISCONTINUE CONTINUE INCREASE DECREASE
Physician Signature: <u>[Signature]</u>	

NAME <u>Adams, Anthony</u>	AIS# <u>180127</u>
DATE <u>11 MM 4/11/96</u>	FACILITY <u>BCCF</u>
SIG. <u>Mphaler 400 tid x 30d</u> <u>Alond chex x 30d</u> <u>to Munk 176 5pm</u> <u>Almond</u> <u>03-12-1996</u> <u>[Signature]</u>	DISCONTINUE CONTINUE INCREASE DECREASE
Physician Signature: <u>[Signature]</u>	

NAME <u>Adams, Anthony</u>	AIS# <u>180127</u>
DATE <u>2-9-96</u>	FACILITY <u>BCCF</u>
SIG. <u>Tegmet 400 tid</u> <u>Mphaler 300 tid / X Bug</u> <u>02-09-1996</u> <u>[Signature]</u>	DISCONTINUE CONTINUE INCREASE DECREASE
Physician Signature: <u>[Signature]</u>	



PHYSICIANS' ORDERS

NAME:	DIAGNOSIS (If Chg'd)
D.O.B. / /	
ALLERGIES:	
Use Last Date / /	<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME:	DIAGNOSIS (If Chg'd)
D.O.B. / /	
ALLERGIES:	
Use Fourth Date / /	<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME:	DIAGNOSIS (If Chg'd)
D.O.B. / /	
ALLERGIES:	
Use Third Date / /	<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME:	DIAGNOSIS (If Chg'd)
D.O.B. / /	stop up from kitchen work x 6010
ALLERGIES:	
Use Second Date / /	<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: Adams, Anthony AIS 180127	DIAGNOSIS
D.O.B. 4/15/56	Zantac 150mg PO BID x 180 days
ALLERGIES: NKA	
Use First Date 12/18/03	<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED

MEDICAL RECORDS COPY

NAPHCARE
HEALTH SERVICES REQUEST FORMPrint Name: Anthony Adams Date of Request: 10-7-02ID#: 180127 Date of Birth: 4/5/56 Housing Location: 22-11

Nature of problem or request: IM HAVING PROBLEMS WITH MY ULCER AGAIN
MY APPETITE IS SMALL. AND CAUSES MY HEART TO STRAIN AND
PAIN GOES THROUGH MY ARMS I TAKES 3 COLLEGE CLASSES AND I
WORKS IN THE KITCHEN. AND ITS TOO MUCH ON ME. I GETS UP 3:AM IN
THE MORNING I WORK 5 DAY A WEEK AND I CANT CONTINUE.

Sign here for consent to be treated by health staff for the condition described

PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
 DO NOT WRITE BELOW THIS AREA

HEALTH CARE DOCUMENTATION

Subjective: "I am still having problems w/ ulcers, I take 3 college classes
and work in the kitchen its to much for me I get up @ 3 A.M.

Objective: BP 110/90 P 80 R 18 T 98.6 Wt. 146 lbsAssessment: alt in comfortPlan: see m.dRefer to: ☒ PA/Physician ☐ Mental Health ☐ DentalSignature: Gloria Reyes Title: PA Date: 10/7/02 Time: 12:25 A.M

NCO40

HEALTH SERVICES REQUEST FORM RECEIVED OCT 07 2002

Name	Last	First	Middle Initial	AIS #
Date	Allergies			Facility
SIG.				Discontinue
				Continue
				Increase
Physician Signature:				Decrease

NC002

Name	Last	First	Middle Initial	AIS #
Date	Allergies			Facility
SIG.				Discontinue
				Continue
				Increase
Physician Signature:				Decrease

NC002

Name	Last	First	Middle Initial	AIS #
Date	Allergies			Facility
SIG.				Discontinue
				Continue
				Increase
Physician Signature:				Decrease

Adams Anthony
7-22-03
Haldol
7-22-03
180127
Bullock
noted
7-22-03
V. Lippman

NC002

Name	Last	First	Middle Initial	AIS #
Date	Allergies			Facility
SIG.				Discontinue
				Continue
				Increase
Physician Signature:				Decrease

Adams Anthony
6/30/03
Haldol
180127
BCCF
noted
6/30/03

NC002

Name _____	_____	_____	AIS # _____
Date _____	Allergies _____		Facility _____
SIG.			Discontinue
			Continue
			Increase
Physician Signature: _____			Decrease

NC002

Name <u>Adams</u> <u>Anthony</u> _____	_____	_____	AIS # <u>180127</u>
Date <u>3/19/03</u>	Allergies <u>NKA</u>		Facility <u>BCCF</u>
SIG. <u>Zantac 150mg bid @ 11:45 AM</u> <u>+ today</u>			Discontinue
			Continue
			Increase
Physician Signature: <u>[Signature]</u> <u>3/19/03</u>			Decrease

NC002

Name <u>Adams</u> <u>Anthony</u> _____	_____	_____	AIS # <u>180127</u>
Date <u>11/13/02</u>	Allergies <u>NKA</u>		Facility <u>Bullcock</u>
SIG. <u>No work L. kitchen del</u> <u>to stomach area</u>			Discontinue
<u>Zantac 150 bid x 600</u>			Continue
			Increase
Physician Signature: <u>[Signature]</u>			Decrease

NC002

Name <u>Adams</u> <u>Anthony</u> _____	_____	_____	AIS # <u>180127</u>
Date <u>11-1-02</u>	Allergies _____		Facility <u>Bullcock</u>
SIG. <u>Zantac 150 bid x 600</u>			Discontinue
			Continue
			Increase
Physician Signature: <u>[Signature]</u>			Decrease

NC002

Last	First	Middle Initial	AIS #
Name			
Date	Allergies		Facility
SIG.			Discontinue
			Continue
			Increase
Physician Signature:			Decrease

NC002

Last	First	Middle Initial	AIS #
Name			
Date	Allergies		Facility
SIG.			Discontinue
			Continue
			Increase
Physician Signature:			Decrease

NC002

Last	First	Middle Initial	AIS #
Name			
Date	Allergies		Facility
SIG.			Discontinue
			Continue
			Increase
Physician Signature:			Decrease

NC002

Last	First	Middle Initial	AIS #
Name <i>Adams Anthony</i>			<i>180127</i>
Date <i>10-9-07</i>	Allergies		Facility <i>Bullock</i>
SIG. <i>2 tubes 110ml for B3dx 300</i>			Discontinue
<i>[Signature]</i>			Continue
			Increase
Physician Signature:			Decrease

NC002

NAME _____	AIS# _____
DATE _____	FACILITY _____
SIG. _____	DISCONTINUE
	CONTINUE
	INCREASE
Physician Signature: _____	DECREASE

NAME <u>Adams, Anthony</u>	AIS# <u>180127</u>
DATE <u>11/04/96</u>	FACILITY <u>BCCF</u>
SIG. <u>E 90</u>	DISCONTINUE
<u>Diabetic 2.0 in 100</u>	CONTINUE
	INCREASE
Physician Signature: <u>[Signature]</u>	DECREASE

NAME <u>Adams, Anthony</u>	AIS# <u>180127</u>
DATE <u>11/04/96</u>	FACILITY <u>BCCF</u>
SIG. <u>1. Diabetic Det 3 HS 3600 x 900</u>	DISCONTINUE
	CONTINUE
	INCREASE
Physician Signature: <u>[Signature]</u>	DECREASE

NAME <u>Adams, Anthony</u>	AIS# <u>180127</u>
DATE <u>3/5/96</u>	FACILITY <u>BCCF</u>
SIG. <u>Diabetic Det 3 x 900</u>	DISCONTINUE
	CONTINUE
	INCREASE
Physician Signature: <u>[Signature]</u>	DECREASE

NAPHCARE
PHYSICIAN'S PROGRESS NOTES

DATE	TIME	NOTES MUST BE SIGNED BY PHYSICIAN	
8/28/03	AM	<p>59. hi need of prog</p> <p>of 4th Ranch Area</p> <p>will g. later & p. g. p. no not i. kitch</p>	
7/28/03	AM	<p>5/28/03</p> <p>for Gaspsis.</p> <p>of work done</p> <p>cur m</p> <p>cup of</p> <p>and down i. now fresh,</p> <p>no Refal undiaph</p> <p>old 4th of stomach area</p> <p>of Gabris is Gaspsis flow</p> <p>will g. later 100 p. d. x 5 mo. Sub</p>	
12/18/03	AM	<p>5 p. t. c. o. his need to expand</p> <p>the no work i. kitchi paper</p> <p>of</p> <p>will g. mop up for kitchi</p>	
NAME - LAST	FIRST	MIDDLE	AMS #



PHYSICIAN PROGRESS NOTES

Patient Name _____ I.D. # _____ Institution _____

DATE	TIME	NOTES	SIGNATURE
11/11/02	8:11	S HC 90 hair Broch Prodr. 9 Retal dew - NO Broch spots noted. no Smell Pci no Pci + Prostate 1h mate says he gets dizzy when he works in kitchen A Hx2 Smell dew P will contact on Zatar, and do CBC	
11/13/02	8:11	S HC Hx2 Smell dew medif Zatar, and says he is not going to work in the kitchen 9 no Spf no distress no Pci today - Hx2 Pci 8:11 up no (141) - 8:11 A Hx2 Smell dew P will contact Zatar 110 Pci 110 Pci	



PHYSICIAN PROGRESS NOTES

Patient
Name _____

Adams Anthony

I.D. #

180127

Institution

Name		I.D. #		DATE	TIME	NOTES	SIGNATURE
C. J.		10/9/02	8A	5 PL E Htg Pioneer Pci	
						of Gabri A Gabri ...	
						P1 will 3/4 ...	

NAME <u>Adams, Anthony</u>	AIS# <u>180127</u>
DATE <u>5-16-96</u>	FACILITY <u>BCCF</u>
SIG. <u>Mintox Susp 200ml - take</u> <u>4000 PO T.i.d x 90 days.</u> <u>Tazemet - take B.i.d x 90 days.</u> <u>5-17-96</u> <u>G. B. Jr</u>	DISCONTINUE CONTINUE INCREASE DECREASE
Physician Signature: _____	

NAME <u>Adams, Anthony</u>	AIS# <u>180127</u>
DATE <u>4/17/96</u>	FACILITY <u>BCCF</u>
SIG. <u>1) Mintox 4000 TID</u> <u>2) Anusol HC Sup + BID</u> <u>3) Tazemet 400mg TID</u> <u>4/17-1996 G. B. Jr</u>	DISCONTINUE CONTINUE INCREASE DECREASE
Physician Signature: _____	

NAME <u>Adams, Anthony</u>	AIS# <u>180127</u>
DATE <u>4/11/96</u>	FACILITY <u>BCCF</u>
SIG. <u>Dixstase</u> <u>04-11-1996 G. B. Jr</u>	DISCONTINUE CONTINUE INCREASE DECREASE
Physician Signature: _____	

NAME <u>Adams, Anthony</u>	AIS# <u>180127</u>
DATE <u>4/10/96</u>	FACILITY <u>BCCF</u>
SIG. <u>EKG + Cardiac profile + CBC</u> <u>Brady 50 Watt</u> <u>Admit</u> <u>4-10-1996 G. B. Jr</u>	DISCONTINUE CONTINUE INCREASE DECREASE
Physician Signature: _____	

NAME <u>Adams Anthony</u>	AIS# <u>180127</u>
DATE <u>7/31/96</u>	FACILITY <u>Buller</u>
SIG. <u>Agonist 400mg BID x 15 days placed</u> <u>Microlar 3000 910 x 30d KCP</u>	DISCONTINUE CONTINUE INCREASE DECREASE
Physician Signature: <u>[Signature]</u>	

NAME _____	AIS# _____
DATE _____	FACILITY _____
SIG. _____	DISCONTINUE CONTINUE INCREASE DECREASE
Physician Signature: _____	

NAME <u>Adams Anthony</u>	AIS# <u>180127</u>
DATE <u>8/1/96</u>	FACILITY <u>BCCF</u>
SIG. <u>DL Taget DC maelon</u> <u>Follow up August 15</u>	DISCONTINUE CONTINUE INCREASE DECREASE
Physician Signature: <u>08-01-1996</u>	

NAME <u>Adams Anthony</u>	AIS# <u>180127</u>
DATE <u>8/1/96</u>	FACILITY <u>BCCF</u>
SIG. <u>Pegylated 3000 tid</u> <u>Flagyl 250 tid</u> <u>Tetracycline 500 qid</u>	DISCONTINUE CONTINUE INCREASE DECREASE
Physician Signature: <u>08-01-1996</u>	

KILBY HOSPITAL
ERS

F-41 REVISED 4/88

PATIENT NOTES / PHYSICIAN ORDERS

DATE	TIME	PATIENT NOTES	DATE ORDERED	TIME ORDERED	PHYSICIAN ORDERS
11/3/95					
11/3/95		Send p/c [Signature]			
11-3-95		O - Present for CCC @ this time. About 4 weeks. Current Tx plan includes INH. Has Compliance has improve since changing medication time. Complaint to present Tx plan. A - Positive PPD P - Continue medication as ordered. Follow up per protocol. - G. B. [Signature]			
11/17/95		Send p/c [Signature]			
12-6-95		O - Present for CCC @ this time. Absent of complaints at this time. Current Tx plan includes INH. Compliance has improve since changing medication time. Complaint to present Tx plan. A - Positive PPD P - Continue medication as ordered. Follow up per protocol. - G. B. [Signature]			
BULLOCK HEALTH CARE UNIT INMATE NAME (LAST, FIRST, MIDDLE) <u>Adams, Anthony</u>					
		DATE OF BIRTH <u>4/5/86</u>	AGE <u>9/m</u>	ID# <u>180127</u>	

KILBY HOSPITAL

PATIENT NOTES / PHYSICIAN ORDERS

DATE	TIME	PATIENT NOTES	DATE ORDERED	TIME ORDERED	PHYSICIAN ORDERS
8-23-95		O - Positive PPD 14mm P - Treatment — Amanda Andrews RN	8-23-95		INH 300mg po qd x 6 months Chest X-ray SGOT 9 months x 6 months 2 to AM 9W Amanda Andrews RN
10-10-95		Present for CCC @ this time. Alert & oriented x3. Absent of complaints. A - Present for INH Cline. Says she 90% compliant to Tx plan. To be evaluated by physician. To renew Present Tx. Follow up per protocol A. Brown	10-10-95		INH 300mg - qd x 6m Ganison tabs - TDA 30 SGOT 9 months x 6 Present / A. Brown 11/21/95 0125 10-11-95 Amanda Brown
INMATE NAME (LAST, FIRST, MIDDLE)		Adams, Anthony		DATE OF BIRTH	AGE
				4 15 1966	39
				R/S	D/M
				ID#	180127

PATIENT NOTES / PHYSICIAN ORDERS

[illegible]

INTRASYSTEM TRANSFER FORM

HEALTH STATUS

Transferring
Facility: KilbyName: Adams, AnthonyNumber: 180127Race: B W H OtherDate: 9/1/95

Age: _____

Date of Birth: 4/15/56Sex: (M) F

Time: _____ AM PM

Allergies: _____

Food Handler Approved: Y / N

Current Acute Conditions/Problems: _____

Chronic Conditions/ Problems: _____

Current Medications - Name, Dosage, Frequency, Duration: _____

Acute Short-term Medications: _____

Chronic Long-term Medications: _____

Chronic Psychotropic Medications: _____

Current Treatments: _____

Follow-up Care Needed: _____

Last PPD: _____ Results _____ mms

Last Physical: ____/____/____

Chronic Clinics: _____

Specialty Referrals: _____

Significant Medical History: _____

Physical Disabilities/Limitations: _____

Assistive Devices/Prosthetics: _____

Glasses: _____

Contacts: _____

Mental Health History/Concerns: _____

Substance Abuse: Y / N

Alcohol: Y / N

Drugs: Y / N

____ Hx Suicide Attempt: Date: ____/____/____

____ Hx Psychotropic Medication

____ Previous Psychiatric Hospitalizations

Signature and Title

Date: ____/____/____

TRANSFER RECEPTION SCREENING

Date: 9/6/95 Time: 6:30 (AM) PM

S: Current Complaint: _____

Current Medications/Treatment: _____

Not seen by nurse

O: Physical Appearance/Behavior: _____

Deformities: Acute/Chronic: _____

T _____ P _____ R _____ B/P ____/____

A: _____

Receiving
Facility: Bullock

P: Disposition: (Instructions: Check or circle as appropriate)

☒

Routine, Sick Call

☐

Instructions Given

☐

Emergency Referral

☐

HIV/TB Instruction Given

☐

Physician Referral:

☐

Urgent / Routine

☐ Medication Evaluation☐ Work/Program Limitation☐ Special Housing☐ Specialty Referrals☐ Chronic Clinics☐ Mental Health☐ OTHER☐ Infirmary Placement

Other: _____

Signature and Title

9/6/95

PE

CORRECTIONAL MEDICAL SYSTEMS
HEALTH SERVICES REQUEST FORM

Print Name: ANTHONY L. ADAMS Date of Request: 24 / 95

ID #: 180127 Date of Birth: 4/5/56 Housing Location: W-9

Nature of problem or request: I CANT GET MEDICATION
For my ~~NERVOUS~~ NERVES I HAVE BLEEDING
ULCERS I SUFFER WITH A EARRREGULAR HEART BEAT

I consent to be treated by health staff for the condition described.

Anthony L. Adams
SIGNATURE

PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA

HEALTH CARE DOCUMENTATION

Subjective:

Objective: BP _____ P _____ R _____ T _____

8/25/95 O- No show for sick call mgles, m

Assessment:

Plan:

Refer to: _____ PA/Physician _____ Mental Health _____ Dental

Signature: _____ Title: _____ Date: _____ Time: _____

PE 8/18

CORRECTIONAL MEDICAL SYSTEMS
HEALTH SERVICES REQUEST FORM

Print Name: ANTHONY
Anthony L. Adams Date of Request: 8-18-95
ID #: 180-127 Date of Birth: 4/5/56 Housing Location: E-165
Nature of problem or request: Bad Limer Bad Hair Bleeding under
Hip Titus I need to have a tooth pulled

I consent to be treated by health staff for the condition described.

Anthony L. Adams
SIGNATURE

PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA

HEALTH CARE DOCUMENTATION

Subjective:

Objective: BP _____ P _____ R _____ T _____

8/21 Q - no show for sick-call

Assessment:

Plan:

Refer to: _____ PA/Physician _____ Mental Health _____ Dental

Signature: _____ Title: _____ Date: _____ Time: _____

CORRECTIONAL MEDICAL SYSTEMS
HEALTH SERVICES REQUEST FORM

Print Name: ANTHONY ADAMS Date of Request: 6-19-95

ID #: 180127 Date of Birth: 4/5/56 Housing Location: 22-55

Nature of problem or request: i have a Bad liver i were
on disability 17 years since i got convicted
they cut me off i got bad nerves i suffer
with a irregular heart beat

I consent to be treated by health staff for the condition described.

Anthony Adams
SIGNATURE

PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA

HEALTH CARE DOCUMENTATION

Subjective:

Objective: BP _____ P _____ R _____ T _____

Assessment:

Plan: NSC

Refer to: _____ PA/Physician _____ Mental Health _____ Dental

Signature: LS Brown Title: RN Date: 6-7-95 Time: 0530

**CORRECTIONAL MEDICAL SERVICES
HEALTH SERVICES REQUEST FORM**

Print Name: ANTHONY ADAMS Date of Request: 31/95
ID #: 180127 Date of Birth: 4/5/56 Housing Location: D22 B55
Nature of problem or request: i want to see you about
getting three tooth filled and getting a bridge

I consent to be treated by health staff for the condition described.

anthony adams
SIGNATURE

**PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA**

HEALTH CARE DOCUMENTATION

Subjective:

Objective: BP _____ P _____ R _____ T _____

Assessment:

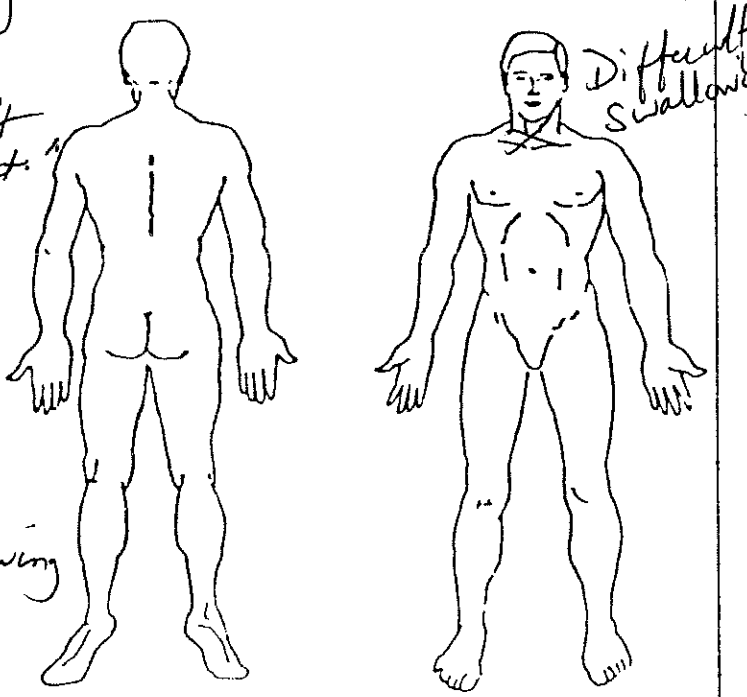
Plan:

Rec. 15 - filling

Refer to: _____ PA/Physician _____ Mental Health _____ Dental

Signature: [Signature] Title: _____ Date: 11-3-95 Time: _____

DEPARTMENT OF CORRECTIONS
EMERGENCY/ Non-schedule TREATMENT RECORD
 (OTHER)

DATE <u>7-30-02</u> TIME <u>2135</u> ^{AM} _{PM}		FACILITY <u>Bullock</u>		<input type="checkbox"/> EMERGENCY	
		<input type="checkbox"/> SIR <input type="checkbox"/> PDL <input type="checkbox"/> ESCAPEE <input type="checkbox"/>		<input type="checkbox"/> OTHER	
ALLERGIES <u>NKA</u>			CONDITION ON ADMISSION <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA		
VITAL SIGNS: TEMP <u>98.6</u> ^{ORAL} _{RECTAL} RESP. <u>18</u> PULSE <u>82</u> B/P <u>110/82</u>			RECHECK IF SYSTOLIC < 100 > 50		
NATURE OF INJURY OR ILLNESS <u>S - I have problems swallowing. I can't get water passed in esophagus without it coming back up. I haven't eaten anything since last night.</u>			ABRASION///		CONTUSION #
			BURN ^{xx} _{xx}	FRACTURE ^Z _Z	LACERATION/ SUTURES
PHYSICAL EXAMINATION <u>① - BM ambulatory to HCU. Alert, oriented x3. Resp. reg and even. Skin W+D to touch. Complaints of throat hurting, difficulty in swallowing and choking. Throat is red, pus pockets on back of throat. Tongue coated (white).</u>					
ORDERS, MEDICATION, etc. <u>A - Alteration in Comfort</u> <u>P ① Notified Dr. Siddig @ 2138</u> <u>② See MD in AM on Wednesday,</u>					
DIAGNOSIS					
INSTRUCTIONS TO PATIENT <u>RTN to HCU if condition worsens</u>					
RELEASE/TRANSFER DATE		TIME	RELEASE/TRANSFERRED TO		CONDITION ON DISCHARGE
<u>7/30/02</u>		<u>2147</u> ^{AM} _{PM}	<input checked="" type="checkbox"/> DOC <input type="checkbox"/> AMBULANCE		<input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL
NURSE'S SIGNATURE		DATE	PHYSICIAN'S SIGNATURE		DATE
<u>[Signature]</u>			<u>[Signature]</u>		<u>7/31/02</u>
PATIENT'S NAME (LAST, FIRST, MIDDLE)		AGE	DATE OF BIRTH		R/S AIS #
<u>Adams, Anthony</u>		<u>46</u>	<u>4/5/56</u>		<u>BM 180127</u>

CORRECTIONAL MEDICAL SERVICES
HEALTH SERVICES REQUEST FORM

Print Name: Anthony Adams Date of Request: 3/16/1996
ID #: 180129 Date of Birth: 4/5/56 Housing Location: D:2 B:20
Nature of problem or request: I need to Renew my Tagment
And maelock.
its Serious

I consent to be treated by health staff for the condition described.

Anthony Adams
SIGNATURE

PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA

HEALTH CARE DOCUMENTATION

Subjective: Renew Meds.

Objective: BP _____ P _____ R _____ T _____

Assessment: Renew Meds. Tagment & Maelock

Plan: MC

Refer to: _____ PA/Physician _____ Mental Health _____ Dental

Signature: Spurter Title: Gen Date: 4/16 Time: 11P

CORRECTIONAL MEDICAL SERVICES
HEALTH SERVICES REQUEST FORM

Print Name: Anthony Adams Date of Request: 5/17/96
ID #: 180127 Date of Birth: 4/5/56 Housing Location: D: 2 B: 20
Nature of problem or request: I need to have my Tagamet
and my Medicen for my hymnoids or Rectem

I consent to be treated by health staff for the condition described.

Anthony Adams
SIGNATURE

PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA

HEALTH CARE DOCUMENTATION

Subjective: "I need my meds renewed."

Objective: BP 128/80 P 80 R 20 T 96

Assessment: Denies OO of side effects, CO of
burning sensation in stomach when not
Plan: taking Tagamet.

T4
Renew. Mientox, & Tagamet. 05-17-1996

Refer to: ☐ PA/Physician ☐ Mental Health ☐ Dental

Signature: S. Anderson Title: LPR Date: 5-16-96 Time: 1115

CORRECTIONAL MEDICAL SERVICES

INTERDISCIPLINARY PROGRESS NOTES

Patient Name Adams, Anthony I.D. # 180127 Institution BCCF

DATE	TIME	NOTES	SIGNATURE
04-11-1996		# heart beating	
		heart is OK pulse.	
		heart OK / Patient alert. Smiles	
		Lungs OK / feel OK	
		EKG → Borderline	
		Anxiety.	
		Plan discharge	
		↙	
08-05-1996		# Diet	
		Need Blent diet	
		Explain to him We have to	
		Kind of chete. Diabetic or	
		Normal chete.	
		Prefer Diabetic diet	
		↙	

BULLOCK HEALTH CARE UNIT

DATE	TIME	NOTES	SIGNATURE
08-19-1946		# Estrac problem Good result with triple regnat No more being. Feel comfortable mu: Follow up PBR	

FUNCTIONAL MEDICAL SERVICES

INTERDISCIPLINARY PROGRESS NOTES

Patient
Name

Adams, Anthony

I.D. #

180127

Institution

BCEF

DATE	TIME	NOTES	SIGNATURE
04-09-1996		# methab discharge	
		still w/ pain methab discharge	
		Upo 500 don't work.	
		UPR L and methab discharge	
		Culture neg.	
		Try Tetrax 500 qid	
04-10-1996		# heart beating	
		Feel heart beating fast and	
		Chest pain. Nurses ++	
		lans 04	
		Heart OK fast, irregular	
		Wgs 80	
		alid 04	
		B P 100/70	
		pouls 84	
		Anxiety	
		Tachycardia	
		gluc: EKG	

BULLOCK HEALTH CARE UNIT

CORRECTIONAL MEDICAL SERVICES
HEALTH SERVICES REQUEST FORM

Print Name: Anthony Adams Date of Request: 3-8-1996
ID #: 180127 Date of Birth: 4/5/56 Housing Location: D:1 B:37
Nature of problem or request: i want to Renew my medication
Tagment maelack and my infection medication

I consent to be treated by health staff for the condition described.

Anthony Adams
SIGNATURE

PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA

HEALTH CARE DOCUMENTATION

Subjective: Renew my Medication And My Stomach
hurts since I stopped taking the Tagomen

Objective: BP 130/90 P 84 R 20 T 98.8

Assessment: Alert + oriented X3, Resp. Regular and
even skin warm + dry to touch.

Plan: See MD in Am

Refer to: ___ PA/Physician ☒ Mental Health ___ Dental

Signature: Martha Jackson Title: LPN Date: 4/8/96 Time: 11:10 pm

CORRECTIONAL MEDICAL SERVICES
HEALTH SERVICES REQUEST FORM

Print Name: ANTHONY ADAMS Date of Request: 7-1996
ID #: 180127 Date of Birth: 4/5/56 Housing Location: D: 1
Nature of problem or request: Ulcer it getting worse i have indigestion
heart burn all the time

I consent to be treated by health staff for the condition described.

Anthony Adams
SIGNATURE

PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA

HEALTH CARE DOCUMENTATION

Subjective:

Stomach problems

Objective:

BP 120/80 P 76 R 20 T 98²

Assessment:

Alteration in Comfort
pertaining to Chronic Ulcers

Plan:

MD

Refer to: ☐ PA/Physician ☐ Mental Health ☐ Dental

Signature:

Spainter

Title:

Lpn

Date:

2/7

Time:

11P

if any happen to me Dr. Sanders is going to be in a lot of trouble

**CORRECTIONAL MEDICAL SERVICES
HEALTH SERVICES REQUEST FORM**

3-96

Print Name: Anthony Adams Date of Request: ~~02-01-00~~

ID #: 180127 Date of Birth: 4/5/56 Housing Location: D-1

Nature of problem or request: ~~i have a cold~~

i need to be put back on my medicine.

i need something for a cold.

i need to see Dr. Vanwyk

I consent to be treated by health staff for the condition described.

Anthony Adams
SIGNATURE

**PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA**

HEALTH CARE DOCUMENTATION

Subjective: I was on Clavil, & they took me off of it, I need to be on it.

Objective: BP 120/80 P 80 R 20 T 96.8

Assessment:

Plan: To see M.D. - Dr. Sanders - instructed to see Phys. Nurse.

Refer to: PA/Physician ☒ Mental Health ☐ Dental

Signature: S. Anderson Title: _____ Date: _____ Time: _____

**CORRECTIONAL MEDICAL SERVICES
HEALTH SERVICES REQUEST FORM**

Print Name: ANTHONY ADAMS Date of Request: 12/21/95
ID #: 180127 Date of Birth: 4/5/56 Housing Location: D:1 B:37
Nature of problem or request: i have a Real Bad Head Cold

I consent to be treated by health staff for the condition described.

ANTHONY ADAMS
SIGNATURE

**PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA**

HEALTH CARE DOCUMENTATION

Subjective:

Objective: BP _____ P _____ R _____ T _____

Assessment:

Plan:

No Show

Refer to: _____ PA/Physician _____ Mental Health _____ Dental

Signature: _____ Title: _____ Date: _____ Time: _____

I move in D:20 B:41 to ward D:22 B:55

**CORRECTIONAL MEDICAL SERVICES
HEALTH SERVICES REQUEST FORM**

Print Name: ANTHONY ADAMS Date of Request: 3/95
ID #: 180127 Date of Birth: 4/5/56 Housing Location: D:20 B:41

Nature of problem or request: it is very important that i get
back on my medicine. i have taken it since i
been taking it over 18 years and starting to have
problems and i need something for water.

I consent to be treated by health staff for the condition described.

anthony adams
SIGNATURE

**PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA**

HEALTH CARE DOCUMENTATION

Subjective:

Objective: BP _____ P _____ R _____ T _____

Assessment:

Plan:

NSSC

Refer to: _____ PA/Physician _____ Mental Health _____ Dental

Signature: S. Anderson Title: LPN Date: 11-3 Time: 1130

**CORRECTIONAL MEDICAL SERVICES
HEALTH SERVICES REQUEST FORM**

Print Name: ANTHONY ADAMS Date of Request: 31/95
ID #: 180127 Date of Birth: 4/5/56 Housing Location: D-22 B-55
Nature of problem or request: i need to be back on my
my medicine i was taking elavil 12 mg
in having problems with my heart again.

I consent to be treated by health staff for the condition described.

anthony adams
SIGNATURE

**PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA**

HEALTH CARE DOCUMENTATION

Subjective:

Objective: BP _____ P _____ R _____ T _____

Assessment:

Plan:

NSSC

Refer to: _____ PA/Physician _____ Mental Health _____ Dental

Signature: R. Painter Title: Lpr Date: 11-1 Time: 11P

**CORRECTIONAL MEDICAL SERVICES
HEALTH SERVICES REQUEST FORM**

Print Name: ANTHONY ADAMS Date of Request: 30/95

ID #: 18127 Date of Birth: 4/5/56 Housing Location: D22 B55

Nature of problem or request: i need to get back on my medicine
i was taking elavil 12mg. because i suffer with
a irregular heart beat

I consent to be treated by health staff for the condition described.

Anthony Adams
SIGNATURE

**PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA**

HEALTH CARE DOCUMENTATION

Subjective:

Objective: BP _____ P _____ R _____ T _____

Assessment:

Plan:

NSGC

Refer to: _____ PA/Physician _____ Mental Health _____ Dental

Signature: [Signature] Title: LPN Date: 10/30/95 Time: 5:35a

**CORRECTIONAL MEDICAL SERVICES
HEALTH SERVICES REQUEST FORM**

Print Name: Anthony Adams Date of Request: 22 1996

ID #: 180127 Date of Birth: 4/5/56 Housing Location: D11 B137

Nature of problem or request: when i use the Bath Room
my penis Burns i got female infection when
i was in the free world and its gotten worse

I consent to be treated by health staff for the condition described.

Anthony Adams
SIGNATURE

**PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA**

HEALTH CARE DOCUMENTATION

Subjective:

Objective: BP _____ P _____ R _____ T _____

No show TO Sick call

Assessment:

Plan:

Refer to: _____ PA/Physician _____ Mental Health _____ Dental

Signature: ABrown Title: RD Date: 3/24/96 Time: 2340

CORRECTIONAL MEDICAL SERVICES
HEALTH SERVICES REQUEST FORM

Print Name: Anthony Adams Date of Request: 11/1996
ID #: 180127 Date of Birth: 4/5/56 Housing Location: D-1 B-37
Nature of problem or request: i need to Renew my Medicine

I consent to be treated by health staff for the condition described.

Anthony Adams
SIGNATURE

PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA

HEALTH CARE DOCUMENTATION

Subjective: "I need to renew my mede,
"I got a lot of blood in my stools"

Objective: BP 128/80 P 80 R 20 T 97

Assessment: CO of hard stool & blood
in stools. Requesting mede to be renewed.
Plan: To see M.D.

Refer to: PA/Physician Mental Health Dental

Signature: S. Anderson Title: APN Date: 3-21-96 Time: 11:05

PATIENT NOTES / PHYSICIAN ORDERS

DATE	TIME	PATIENT NOTES	DATE ORDERED	TIME ORDERED	PHYSICIAN ORDERS
02-09-1996		# Etoac ulcer Etoac burn, Nausea Ulcer - on post.			Tazmet two bid S
12 Wan 86		S: Bleeding Hbroids for years. "Stomach ulcers" D: No ext hemorrhoids P: GOOD Hbroids P: 18			on INX x6 mo. # Urthral discharge Burn, Urthral discharge x6 Cystitis Gonorrhea Plan: Urthral Culture UDRL up to 500
3-12-96		O - Present for CCC @ this time absent of complaints. Denies smoke, Alc, hemiparesis. Current Tx plan includes FNH 300mg qd. - Cephalexin C. Sane. A - Pos. PPI P - Routine Lab work. Continue Tx plan as ordered. Pt teaching on importance of taking meds as ordered about x-ray general info. UNIT Tolden up for physical - BULLOCK HEALTH CARE UNIT A. Smith			
INMATE NAME (LAST, FIRST, MIDDLE)		Adams Anthony	DATE OF BIRTH	AGE	POS / ID#
			4/5/56		M / 180127

**CORRECTIONAL MEDICAL SERVICES
HEALTH SERVICES REQUEST FORM**

Print Name: Anthony Adams Date of Request: 1/8/1996

ID #: 180127 Date of Birth: 4/5/56 Housing Location: D:1 B:37

Nature of problem or request: my ulcer have gotten real serious in having
sharp pains in my chest gas and indigestion and heart Burn.

I consent to be treated by health staff for the condition described.

Anthony Adams
SIGNATURE

**PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA**

HEALTH CARE DOCUMENTATION

Subjective: I been suffering w/ ulcers
for a long time!!

Objective: BP 118/78 P 80 R 20 T 96

Assessment: CO of constant indigestion & my
stomach swells.

Plan:

To see M.D.

Refer to: PA/Physician ☒ Mental Health ☐ Dental

Signature: L. Anderson Title: LPN Date: 2-8-96 Time: 1125

**CORRECTIONAL MEDICAL SERVICES
HEALTH SERVICES REQUEST FORM**

Print Name: Anthony Adams Date of Request: 28 1996
ID #: 180127 Date of Birth: 4/5/56 Housing Location: D:1 B:37
Nature of problem or request: I have infection and i
need some thing to clean it up

I consent to be treated by health staff for the condition described.

anthony adams
SIGNATURE

**PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA**

HEALTH CARE DOCUMENTATION

Subjective: penis dripping

Objective: BP 120/80 P 80 R 20 T 98²

Assessment: penil infection

Plan: md

Refer to: ☐ PA/Physician ☐ Mental Health ☐ Dental

Signature: Rpinter Title: Lpr Date: 3/29 Time: 11R



**PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST**

Print Name: Adams, Anthony Date of Request: 12-77
 ID # 180127 Date of Birth: _____ Location: _____
 Nature of problem or request: Flu

Signature

DO NOT WRITE BELOW THIS LINE

Date: 9/24/04
 Time: 7:15 AM PM
 Allergies: Aldol

RECEIVED Date: <u>9-24-04</u> Time: <u>7:15 AM</u> Receiving Nurse Initials <u>st</u>
--

(S)ubjective: Follow-up c/o severe gastric reflux
Esoph stricture + Gerd's.

(O)bjective (V/S): T: 98.4 P: 80 R: 20 BP: 110/80 WT: 145
Atax 3. Resp. reg & ease. VS WNL WAD.

(A)ssessment: Alt in comfort Rtr alone

(P)lan: See NP

Refer to: MD/PA Mental Health Dental Daily Treatment

Return to Clinic PRN

CIRCLE ONE

Check One: ROUTINE (☒) EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

Duran
 SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: Adams, Anthony Date of Request: 9/15/14
 ID # 180127 Date of Birth: _____ Location: _____
 Nature of problem or request: Rev diff swallowing

Signature

DO NOT WRITE BELOW THIS LINE

Date: 9/16/14
 Time: 0920 AM PM
 Allergies: Halal

<p>RECEIVED</p> <p>Date: <u>9/16/14</u></p> <p>Time: <u>0920A</u></p> <p>Receiving Nurse Initials <u>HL</u></p>

(S)ubjective: I have trouble swallowing pills

(O)bjective (V/S): T: 98.1 P: 84 R: 20 BP: 130/80 WT: _____
V/S wnl, alert, oriented, no distress to present

(A)ssessment: potential act in comfort with swallowing
diff.

(P)lan: Refer to MD

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
 CIRCLE ONE

Check One: ROUTINE ☒ EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

Ray
 SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

9/16/14
 See Progress Note
 J. M. [initials]



**PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST**

Follow - up

Print Name: Anthony Adams Date of Request: 9-9-04

ID # 180127 Date of Birth: 8-9-64 Location: G-104

Nature of problem or request: ABOUT 3 WEEKS AGO WHICH WAS 8-16-04 I FILED OUT A SICK CALL SLIP CONCERNING MY THROAT WELL I'M THROWING UP MATE BLOOD AND THE ACID IS STILL GIVING ME PROBLEMS SWALLOWING MY FOOD AND MEDICATION.

Anthony Adams
Signature

DO NOT WRITE BELOW THIS LINE

Date: 9/10/04
Time: 730 AM PM
Allergies: Haldol

RECEIVED
Date: <u>9-10-04</u>
Time:
Receiving Nurse Initials <u>ji</u>

(S)ubjective: Acid reflux. Throwing up blood x 1 day
It's getting worse now. off on since 2000

(O)bjective (V/S): T: 97.4 P: 80 R: 20 BP: 110/80 WT: 145
A+D x3. Resp. Reg. c. ease. VS WNL

(A)ssessment: Alt. in comfort R/T above statement

(P)lan: See NP

Refer to: MD/PA Mental Health Dental Daily Treatment

Return to Clinic PRN

CIRCLE ONE

Check One: ROUTINE ☒ EMERGENCY ☐

If Emergency was PHS supervisor notified: Yes ☐ No ☐

Was MD/PA on call notified: Yes ☐ No ☐

Graves

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: Anthony Adams Date of Request: 8-16-04
 ID # 180127 Date of Birth: 4-5-56 Location: G Dorm
 Nature of problem or request: My THROAT has gotten to the point where I barely can swallow my food especially the pills I take. Friday I got strangled to bad I was at the point of death.

Anthony Adams, Thanks
 Signature

DO NOT WRITE BELOW THIS LINE

Date: 8/16/04
 Time: 700 AM PM
 Allergies: Haldo L

<p>RECEIVED Date: <u>8-16-04</u> Time: <u>700A</u> Receiving Nurse Initials <u>7</u></p>

(S)ubjective: Problems swallowing my food. x several years. It has worsen in the last several mos. I feel like I have a growth in my throat.

(O)bjective (V/S): T: 97/17 P: 80 R: 20 BP: 120/60 WT: 144
Hb 40 Bm c Hx of hemorrhoids, Ext. + int. A+O x3. Resp. key c.

(A)ssessment: Alt. in comfort R/T above statement

(P)lan: See NP

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
 CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

Praves

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

JR, ms
8/16/04



**PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST**

Print Name: Anthony Adams Date of Request: 8-4-04
 ID # 180127 Date of Birth: 4/5/56 Location: G-104
 Nature of problem or request: I HAVE A badly bleeding ULCER
And when I WAS AT BULLOCK CORRECTION I WAS TAKEN
OUT OF THE KITCHEN. SO NOW I NEED A STOP UP FROM
UNLOADING THE FOOD TRUCK THAT COMES ON WEDNESDAY.
Anthony Adams Thanks
 Signature

DO NOT WRITE BELOW THIS LINE

Date: 8/5/04
 Time: 7:45 AM PM
 Allergies: Halal

RECEIVED Date: <u>8-5-04</u> Time: Receiving Nurse Initials <u>h</u>

(S)ubjective: Bleeding
Ulcer - work stop from loading trucks

(O)bjective (V/S): T: 98 P: 80 R: 20 BP: 120/80 WT: 146
A+0 x3. Resp. neg E case. VS WNL. 48 40 B m

(A)ssessment: Alt. in comfort R/T above statement

(P)lan: See NP

Refer to: MD/PA Mental Health Dental Daily Treatment
 CIRCLE ONE

Return to Clinic PRN

Check One: ROUTINE (☒) EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

8/5/04
Forster

Draves

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

DEPARTMENT OF CORRECTIONS
TRANSFER & RECEIVING SCREENING FORM

ED: Inmate/Health Record on: <u>Kelly</u> 5/25/04 Time: <u>12:45</u> AM/PM RECEIVED FROM: <u>Bulluck</u> (Institution/Work Release Center/Free-World Hospital)		RELEASED: Inmate/Health Record Institution: <u>Bulluck</u> Date: <u>5-25-04</u> Time: <u>10:00</u> AM/PM RELEASE FROM: <input type="checkbox"/> Infirmary <input type="checkbox"/> Segregation <input checked="" type="checkbox"/> Population <input type="checkbox"/> Mental Health <input type="checkbox"/> Other _____ RELEASE TO: <input checked="" type="checkbox"/> DOC <input type="checkbox"/> Infirmary <input type="checkbox"/> Mental Health <input type="checkbox"/> _____ Institution/Work Release Center/Free-World Hospital		ALLERGIES: <u>Walden</u> PHYSICAL EXAMINATION Date of last exam: _____ Chest X-Ray Date: <u>5-19</u> Result: _____ PPD Reading <u>+ in past Red TAT</u> Classification: _____ Limitations: <u>0</u>																																																																
RECEIVING MEDICAL STATUS <input type="checkbox"/> Population <input type="checkbox"/> Infirmary <input checked="" type="checkbox"/> Isolation																																																																				
LAB RESULTS - - LAST REPORT Date _____ Normal _____ Abnormal _____ CBC _____ Urinalysis _____		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> <tr> <td>Wears Glasses/Contacts</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Dental Prosthesis</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Hearing Aide</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other Prosthesis</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> Recieving Nurse _____					YES	NO	Wears Glasses/Contacts	<input type="checkbox"/>	<input type="checkbox"/>	Dental Prosthesis	<input type="checkbox"/>	<input type="checkbox"/>	Hearing Aide	<input type="checkbox"/>	<input type="checkbox"/>	Other Prosthesis	<input type="checkbox"/>	<input type="checkbox"/>																																																
	YES	NO																																																																		
Wears Glasses/Contacts	<input type="checkbox"/>	<input type="checkbox"/>																																																																		
Dental Prosthesis	<input type="checkbox"/>	<input type="checkbox"/>																																																																		
Hearing Aide	<input type="checkbox"/>	<input type="checkbox"/>																																																																		
Other Prosthesis	<input type="checkbox"/>	<input type="checkbox"/>																																																																		
CURRENT OR CHRONIC MEDICAL/DENTAL/MENTAL HEALTH PROBLEMS OR COMPLAINTS <u>None</u>																																																																				
CURRENT MEDICATION - - DOSAGE AND FREQUENCY <u>None</u>		MEDICATIONS <input type="checkbox"/> Sent w / inmate <input type="checkbox"/> Not sent w / inmate X-RAY FILM <input type="checkbox"/> Sent w / inmate <input type="checkbox"/> Not sent w / inmate HEALTH RECORD <input checked="" type="checkbox"/> Sent w / inmate <input type="checkbox"/> Not sent w / inmate Released to: <u>K</u> Date: _____ Time: _____ AM/PM MEDICATIONS <input type="checkbox"/> Received <input checked="" type="checkbox"/> Not Received X-RAY FILM <input type="checkbox"/> Received <input checked="" type="checkbox"/> Not Received HEALTH RECORD <input checked="" type="checkbox"/> Received <input type="checkbox"/> Not Received CHART REVIEWED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Received by: <u>Sheryl Vaughn RN</u> Signature of Receiving Nurse Date: <u>5/25/04</u> Time: <u>2:25</u> AM/PM																																																																		
SCHEDULE FOR CHRONIC CARE CLINIC DATE: _____ LAST CLINIC: _____																																																																				
FOLLOW-UP CARE NEEDED <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Mental Health		With Whom - - Location (Sending Nurse) _____ Date/Appt. Made w/Whom (Rec. Nurse) _____																																																																		
NURSING ASSESSMENT (SENDING NURSE) (Noted from health record documentation) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> <tr> <td>HISTORY</td> <td></td> <td></td> </tr> <tr> <td>Drug Use</td> <td></td> <td></td> </tr> <tr> <td>Mental Illness</td> <td></td> <td></td> </tr> <tr> <td>Suicide Attempt</td> <td></td> <td></td> </tr> <tr> <td>Chronic Care</td> <td></td> <td></td> </tr> <tr> <td>STATUS</td> <td></td> <td></td> </tr> <tr> <td>Special Diet</td> <td></td> <td></td> </tr> <tr> <td>Appearance</td> <td></td> <td></td> </tr> </table> OTHER PERTINENT NURSING ASSESSMENT _____			Yes	No	HISTORY			Drug Use			Mental Illness			Suicide Attempt			Chronic Care			STATUS			Special Diet			Appearance			NURSING ASSESSMENT (RECEIVING NURSE) (Noted from inmate assessment) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> <tr> <td>SKIN</td> <td></td> <td></td> </tr> <tr> <td>Open Sores</td> <td></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Lice</td> <td></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Edema</td> <td></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Warm & Dry</td> <td><input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td>Cool & Moist</td> <td><input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td>CONDITION</td> <td></td> <td></td> </tr> <tr> <td>Alert</td> <td><input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td>Oriented</td> <td><input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td>Uncooperative</td> <td></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Depressed</td> <td></td> <td><input checked="" type="checkbox"/></td> </tr> </table> INTAKE Sick Call Procedures Explained <u>5'10"</u> Height <u>144</u> Weight <u>138/74</u> Blood Pressure <u>98.1</u> Temperature <u>80.2</u> Pulse Resp. _____ Other _____					Yes	No	SKIN			Open Sores		<input checked="" type="checkbox"/>	Lice		<input checked="" type="checkbox"/>	Edema		<input checked="" type="checkbox"/>	Warm & Dry	<input checked="" type="checkbox"/>		Cool & Moist	<input checked="" type="checkbox"/>		CONDITION			Alert	<input checked="" type="checkbox"/>		Oriented	<input checked="" type="checkbox"/>		Uncooperative		<input checked="" type="checkbox"/>	Depressed		<input checked="" type="checkbox"/>
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Uncooperative		<input checked="" type="checkbox"/>																																																																		
Depressed		<input checked="" type="checkbox"/>																																																																		
Signature of Nurse Completing Assessment (Sending Nurse) <u>Martha Jordan RN</u>		Date <u>5/25/04</u> Signature of Intake Screening Nurse (Receiving Nurse) <u>Sheryl Vaughn RN</u>																																																																		
INMATE NAME (LAST, FIRST, MIDDLE) <u>Adams Anthony</u>		DOC# <u>180127</u> DOB <u>4-5-56</u> Race/Sex <u>B/M</u> FAC. <u>Bulluck</u>																																																																		



**PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST**

Follow-up

Print Name: Anthony Adams Date of Request: 12-18-03
 ID # 180127 Date of Birth: 4/5/56 Location: _____
 Nature of problem or request: I would like to get my
2 ANTAC RENEWED AND TO RENEW MY STOP-UP
FROM WORKING IN THE KITCHEN.

Anthony Adams
Signature

DO NOT WRITE BELOW THIS LINE

Date: 12/18/03
 Time: 1145 AM PM
 Allergies: None

RECEIVED Date: <u>12-18-03</u> Time: <u>1145</u> Receiving Nurse Initials <u>5</u>
--

(S)ubjective: I need my Antac renewed from working in the kitchen

(O)bjective: Aso as 2000 now new labord.

T 988 R 22
P 88 B/P 100/70
Wt 144

(A)ssessment: Alt. in good
2nd AC order correct.

(P)lan: SEE MD

Refer to: (MD/PA) Mental Health Dental Daily Treatment Return to Clinic PRN
 CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

[Signature]

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

Health Services Request Form

Inmate Name Anthony Adams Date of Request 7-21-03
 AIS No. 180127 Date of Birth 4/5/56 Housing Loc. D. 22 B. 47
 Nature of problem or request my

I wish to RENEW my medicine ZANTAC
for Acid Reflux.

Sign here for consent to be treated by health staff for the condition described above. Anthony Adams

Place this slip in Medical Box or designated area

DO NOT WRITE BELOW THIS LINE

Health Care Documentation

Subjective: I need my medication (Zantac) Renewed

Objective: BP 110/80 P 72 R 18 T WT 144

Assessment: All in Cont

Plan: Ref to MD

Refer to: PA/Physician Mental Health Dental

Education: Return in an to see DR S-Lay @ 0730

Protocol used: (specify)

Signature V. Slater Title MD Time 0018 Date 7/21/03



Follow up

HEALTH SERVICES REQUEST FORM

Print Name: Anthony Adams Date of Request: 3-18-03ID#: 180127 Date of Birth: 4/5/56 Housing Location: 22:47Nature of problem or request: Im updating my problem with acid reflux ITS STILL CAUSEING my Throat to burn. And ZANTAC helps ALOT.
Anthony Adams
 Sign here for consent to be treated by health staff for the condition described

 PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
 DO NOT WRITE BELOW THIS AREA

HEALTH CARE DOCUMENTATION

Subjective: "I am still having acid refluxs, I need to get my Zantac started back"Objective: BP 132/100 P 72 R 16 T 98 wt. 145 lbsAssessment: alt. in comfortPlan: See MDE: Return to HCU in the A.M to see MDRefer to: ☒ PA/Physician ☐ Mental Health ☐ DentalSignature: Gloria Rogers Title: LPN Date: 3/18/03 Time: 11:55 P

RECEIVED MAR 18 2003



HEALTH SERVICES REQUEST FORM

Print Name: Anthony Adams Date of Request: 1-9-03ID#: 780127 Date of Birth: 4/5/56 Housing Location: D: 22 B: 12

Nature of problem or request: Im writing Concerning my Swallowing And ALSO my heart IS CAUSING ME problems, now my liver hurts off and on Doctor Im Informing you Im taking LEGAL ACTION Against you, you ran your Finger Violently up my rectum, because you got mad w/ me BECAUSE I KEEP telling you about my sickness. Im bringing proof

Sign here for consent to be treated by health staff for the condition described About my health sense you dont want to believe.

PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA

HEALTH CARE DOCUMENTATION

Subjective: "I have a problem swallowing and my heart is causing me problems. I need to talk with the doctor to tell him all about my problem"

Objective: BP 140/90 P 82 R 18 T 98° WT, 141 lbs

Assessment: Alt. in Comfort

Plan: See MD

E: Return to HCU on 1/13/02 @ 7:30 A.M to See MD

Refer to: ☒ PA/Physician ☐ Mental Health ☐ Dental

Signature: Gloria Rogers Title: LPN Date: 1/9/03 Time: 12:05

follow up

NAPHCARE
HEALTH SERVICES REQUEST FORM

Print Name: Anthony Adams Date of Request: 11-3-02

ID#: 180127 Date of Birth: 4/5/56 Housing Location: 22-11

Nature of problem or request: Just a reminder
Mrs. Brown want to draw
some blood from me.

Anthony Adams

Sign here for consent to be treated by health staff for the condition described

PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA

HEALTH CARE DOCUMENTATION

Subjective:

Objective: BP _____ P _____ R _____ T _____

Assessment:

Plan: drawn per E. Smith, Lpn

Refer to: ☐ PA/Physician ☐ Mental Health ☐ Dental

Signature: _____ Title: _____ Date: _____ Time: _____



HEALTH SERVICES REQUEST FORM

Print Name: Anthony Adams Date of Request: 10-31-02ID#: 180127 Date of Birth: 4/5/56 Housing Location: 22-11

Nature of problem or request: Doctor Siddiq I'm asking you
to release me from the kitchen my
ulcer is bleeding to bad for me to work
read my history of illness this is serious.

Anthony Adams
 Sign here for consent to be treated by health staff for the condition described

PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
 DO NOT WRITE BELOW THIS AREA

HEALTH CARE DOCUMENTATION

Subjective: I wish to be released from working in the
kitchen & am too sick.

Objective: BP 130/90 P 88 R 20 T 97.6 wt 145 1/2
note C/O bleeding ulcers & being weak & dizzy when
standing for long time.

Assessment: alteration in comfort

Plan: see Dr. Siddiq

Refer to: ☒ PA/Physician ☐ Mental Health ☐ Dental

Signature: [Signature] Title: Tr Date: 10-31-02 Time: 11:25 PM

CORRECTIONAL MEDICAL SERVICES
HEALTH SERVICES REQUEST FORM

Print Name: Anthony Adams Date of Request: 5-29-02
ID #: 180127 Date of Birth: 4/5/56 Housing Location: D:22 B:11
Nature of problem or request: Im having problems
with my stomach ulcer I have pains
when I lay down every night. its been going
on now for about two weeks.
I consent to be treated by health staff for the condition described.

Anthony Adams
SIGNATURE

PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA

HEALTH CARE DOCUMENTATION

Subjective: I have a liver cancer my stomach is sore I have stomach
ulcer. I use to take tagament about 2 year ago. Im not taking any medication
now

Objective: BP 141/89 P 88 R 18 T 99.2 145

Assessment: Alteration in comfort RT stomach pain

Plan: Refer to Dr. Siddiq

Refer to: ☒ PA/Physician ☐ Mental Health ☐ Dental

Signature: Mary Scott Title: LPN Date: 5/29 Time: 11:45 / pr

DATE	TIME	NOTES	SIGNATURE
7/31/02		5) H/L Swallowing difficulty. Swatfish	
		no checked	
		8) not equal to pub	
		and me	
		grip all	
		not w/ loss	
		H/L Swallowing	
		A) BERO	
		A with 5. Anterior 150 Post x 5 PM 2	

NATIONAL MEDICAL SERVICES

INTERDISCIPLINARY PROGRESS NOTES

it Adams, Anthony I.D. # 180127 Institution BCCF

DATE	TIME	NOTES	SIGNATURE
15 Jan 97		S: irregular heart beat, all w/ l head & back. dizzy	40 Bm
17 Dec		D: EKG - normal Apr. '96 PE normal NSR S (W).	
		A: no d2	
		P: Ankle pain	Jan
5/30/02		tagant saw med X 300	Q

**CORRECTIONAL MEDICAL SERVICES
HEALTH SERVICES REQUEST FORM**

Print Name: Anthony Adams Date of Request: 1-14-97
ID #: 180127 Date of Birth: 4-5-56 Housing Location: D: 2 B: 11

Nature of problem or request: I need a Bottom Bunk Profile
I get real dizzy climbing up and down from
the Top Bunk im on im scared im going to fall
from it. And i wish to Renew my Diet Diabetic card.
I consent to be treated by health staff for the condition described.

Anthony Adams Thanks!
SIGNATURE

**PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA**

HEALTH CARE DOCUMENTATION

Subjective: I need a bottom bunk cause I get dizzy
& I scared I might fall & I need to Renew
my diabetic diet.

Objective: BP P 76 R 20 T 97.8
Requesting bottom bunk profile.
Has current diabetic diet good to Feb.

Assessment:
Requesting bottom bunk due to dizziness

Plan: To be evaluated by MD

Refer to: PA/Physician Mental Health Dental

Signature: A. Blair Title: LP Date: 1-14-97 Time:

CORRECTIONAL MEDICAL SERVICES
HEALTH SERVICES REQUEST FORM

Print Name: Anthony Adams Date of Request: 11-4-96
ID #: 180127 Date of Birth: 4-5-56 Housing Location: D:2 B:11
Nature of problem or request: i wish to get my Diabetic
Diet Card Renewed and i wish that i could
get a SNACK APPROVED Thank you!

I consent to be treated by health staff for the condition described.

Anthony Adams
SIGNATURE

PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA

HEALTH CARE DOCUMENTATION

Subjective: need diabetic Card Renewed

Objective: BP 122/68 P 72 R 20 T 98

Ap of DM requesting DM diet renewal c Hs snack
BS 119mg/dl.

Assessment: for diabetic Card

Plan: Diabetic Card c Hs snack x 900d

SC

Refer to: ☐ PA/Physician ☐ Mental Health ☐ Dental

Signature: LS Brown Title: 12N Date: 11/04/96 Time: 233-

CORRECTIONAL MEDICAL SERVICES

INTERDISCIPLINARY PROGRESS NOTES

Patient
Name _____

I.D. #

Institution

[illegible]

**CORRECTIONAL MEDICAL SERVICES
HEALTH SERVICES REQUEST FORM**

Print Name: Anthony Adams Date of Request: 8-18-96
ID #: 180127 Date of Birth: 4-5-56 Housing Location: D:2 B:20
Nature of problem or request: To Renew my medicine
and for a Re-Evaluation.

I consent to be treated by health staff for the condition described.

Anthony Adams
SIGNATURE

**PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA**

HEALTH CARE DOCUMENTATION

Subjective: " I need to see the doctor; I missed my
appointment for Aug. 15, 1996.

Objective: BP 120/70 P 76 R 20 T 98.4
Ambulatory, awake, alert & oriented x3. Resp reg & et
ease. For re-evaluation for GI complaint. NO
CW voiced @ present

Assessment: RTO visit (Hx Ulcers)

Plan: See M.D.

Refer to: ☒ PA/Physician ☐ Mental Health ☐ Dental

Signature: [Signature] Title: PR Date: 8/18/96 Time: 11:20 pm

CORRECTIONAL MEDICAL SERVICES
HEALTH SERVICES REQUEST FORM

Print Name: Anthony Adams Date of Request: 8-4-96
ID # 180127 Date of Birth: 4-5-56 Housing Location: D:2 B:20
Nature of problem or request: i need to get my Diet Card
Renewed

I consent to be treated by health staff for the condition described.

Anthony Adams
SIGNATURE

PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA

HEALTH CARE DOCUMENTATION

Subjective: "I need to get my diet card renewed."

Objective: BP 120/80 P 78 R 20 T 98°

no food eaten too spicy : voiced hangy ulcers ;
No acute distress noted

Assessment: Diet Card Renewed

Plan: To be evaluated per M.D.

Refer to: ☒ PA/Physician ☐ Mental Health ☐ Dental

Signature: [Signature] Title: PR Date: 8/5/96 Time: 11:21 pm

CORRECTIONAL MEDICAL SERVICES
HEALTH SERVICES REQUEST FORM

Print Name: Anthony Adams Date of Request: 7-31-96
ID #: 180127 Date of Birth: 4-5-56 Housing Location: D:2 B:20
Nature of problem or request: I wish to get my Zogament
Renewed. My stomach and ~~an~~ indigestion is still
giving me problems.

I consent to be treated by health staff for the condition described.

Anthony Adams
SIGNATURE

PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA

HEALTH CARE DOCUMENTATION

Subjective: Renew Meds

Objective: BP 120/80 P 80 R 20 T 98.6

Assessment: Renew Meds for Stomach
No Acute Distress Noted

Plan: Zogament 400mg BID x 15 d
Renew Mdaalay 30cc TID x 30d Kop

Refer to: ☐ PA/Physician ☐ Mental Health ☐ Dental

Signature: Spencer Title: Spn Date: 7/31 Time: 11P

Case 2:07-cv-00351

[illegible]

[illegible]

MEDICATIONS		HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE																																
6/6/03			THROUGH 6/31/03																													
																Telephone Number										Inmate No.						
																Alt. Telephone																
																Rehabilitative Potential																

Medicare Number	Complete Entries Checked	Title: <u>UPN</u>				Date: <u>6/20</u>
By: <u>Uickie Smith</u>		PATIENT CODE	ROOM NO.	BED	FACI	
<u>Lamo Anthony</u>		<u>180127</u>			<u>38</u>	



CHARTING FOR <u>06/01/03</u>		THROUGH <u>7/31/03</u>		Telephone Number		Inmate No.
Physician		Alt. Telephone		Rehabilitative Potential		
Physician		Allergies				
Diagnosis						
er	Medicare Number	Complete Entries Checked	By: <u>Vickie Smith</u>		Title: <u>LPN</u>	Date:
<u>2ms, Anthony</u>		PATIENT CODE	ROOM NO.	BEE		
		<u>180127</u>				

[illegible]

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

HARTING FOR July 2007 THROUGH

Physician

It: Physician

Allergies

Telephone Number _____

Inmate No.

Alt: Telephone

Rehabilitative Potential

river

Medicare Number

Complete/Entries Checked

By:

Title

Date _____

STDT01

INDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
antico 150mg, PO BID x 180 days 12/02/03 → 6/02/04	1100	[Handwritten signature]																											
	1700	[Handwritten signature]																											

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28								
NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE																																					
CHARTING FOR 12/01/03														THROUGH 12/31/03																							
Physician														Telephone No.														Medical Record #									
Alt. Physician														Alt. Telephone																							
gics														Rehabilitative Potential																							
Diagnosis																																					
Medicaid Number														Medicare Number														Complete Entries Checked									
PATIENT														By: [Signature]														Title: Lpn									
Adams, Anthony														PATIENT CODE														50044 NO									
														180127														Date: 12/01/03									
																												BED: FAC: BC									



379 RANITIDINE 150 MG TAB (ZANTAC)
Start: 08/01/03 Stop: 01/27/04
TAKE 1 TABLET(S) TWICE DAILY BY
MOUTH FOR 180 DAYS

MEDICATIONS		HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
379 RANITIDINE 150 MG TAB (ZANTAC) Start: 08/01/03 Stop: 01/27/04 TAKE 1 TABLET(S) TWICE DAILY BY MOUTH FOR 180 DAYS	1100	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	
	1700	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	
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		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26			

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

CHASTING FOR 10/01/03

THROUGH **10/01/03**

Flycatcher

Telephone No. _____

Inmate No. _____

Abstract

All Telephone:

180127-ALL

Figure 2

NKA

Penitentes
Penyal

Legend:

Medical Notes

Media: Number

Complete Entries Checked

By

By: Vickie Smith

Title: LPN

Date: 9/30/4

ADAMS, ANTHONY

180127

ROOM NO. _____

QED

FACILITY
000

1500

MEDICATION ADMINISTRATION RECORD



MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Zantac 150mg Po BIDx 180days 7/30/03 → 01/30/04	1100																														
	1700																														
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30

CHARTING FOR 8/01/03		NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE	
Physician Siddiq	THROUGH 8/31/03	Telephone Number	Inmate No.
Alt. Physician		Alt. Telephone	
es		Rehabilitative Potential	
is	NKA		

Medicaid Number	Medicare Number	Complete Entries Checked	Title: LPN	Date: 7/30/03
PATIENT Adams, Anthony	By: Vickie Smith	PATIENT CODE 180127	ROOM NO.	BED
				FACILITY CODE BCCF

[illegible]

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

CHARTING FOR 5/01/03

THROUGH 5/31/03

Physician

Telephone Number

Inmate No.

Att. Physician

Alt. Telephone

Alle

Rehabilitative Potential

Diagnosis

Medicaid Number

Medicare Number

Complete Entries Checked

By: Walter Smith

Title: ONE

D.

PATIENT

PATIENT CODE

ROOM NO.

[illegible]

CHARTING FOR 04/10/03 NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE THROUGH 04/13/03

Physician

Alt. Physician

Allergies

Telephone Number

Inmate No.

Alt. Telephone

Rehabilitative Potential

NKA

Number	Medicare Number	Complete Entries Checked By: <i>Nickie Smith</i>	Title: <i>CPN</i>	Date: <i>3/29/03</i>
<i>Idamo, Anthony</i>			PATIENT CODE <i>180133</i>	ROOM NO. BED FACILITY <i>BCR</i>

MEDICATION ADMINISTRATION RECORD



45123 RANITIDINE HCL 150 MG TAB

Start: 02/06/03 Stop: 03/16/03

TAKE 1 TABLET(S) TWICE DAILY BY
MOUTH FOR 60 DAYS RX915621

1100

1700

Zantac 150mg PO
BID x 60 days

3/19/03 → 5/19/03

1100

1700

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

CHARTING FOR 03/01/03

THROUGH 03/01/03

Physician

Allergies

Allergies NKA

Diagnosis

Discharge Medication

Complete Entries Checked

By: Vickie Smith

Title: LPN

Date: 2/28/03

ADAMS, ANTHONY

180127

180127-A

MEDICATION ADMINISTRATION RECORD



15621 RANITIDINE HCL TAB 150MG
01/15/03 1100 1700
TAKE 1 TABLET BY MOUTH TWICE A
DAY FOR 60 DAYS
Stop: 03/16/03

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

CHARTING FOR 02/01/03 THROUGH 02/28/03

Physician Telephone No. Inmate No.

All Physicians At Telephone 180127-E

Allergies NKA

Diagnosis

Signature

Complete Entries Checked

By Vickie Smith Title LPN

ADAMS, ANTHONY

180127

180127



MEDICATIONS		HOUR																											
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
198627 RANITIDINE HCL TAB 150MG	11/01/02																												
	TAKE 1 TABLET BY MOUTH TWICE A DAY FOR 60 DAYS																												
	Stop: 12/31/02																												
NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE																													
CHARTING FOR 12/01/02 THROUGH 12/31/02																													
Physician		Telephone No.																										Inmate No.	
Att. Physician		Att. Telephone																										180127	
Allergies NKA		Prescribed by																											
Diagnosis		Nurse																											
Medicine Number		Medicine Number																											
PATIENT		ADAMS, ANTHONY																											
Complete Entries Checked By: <i>Nichelle Smith</i>		Title: <i>LDN</i>																										Date: <i>11/28</i>	
Ward Code		Room No.																										Bed	
180127																													

[illegible]

[illegible]

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
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FACILITY

[illegible]

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

CHARTING FOR 10/01/02 THROUGH 10/31/02

Physician	Telephone Number
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Alt. Physician	Alt. Telephone
----------------	----------------

Allergies	Rehabilitative
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8	11/14/74	Nonhabitative Potential
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1. **Learning Objectives**

Medical Number

Medicare Number

Complete Entries Checked

By:

Title

Date:

PATIENT

PATIENT CODE

ROOM NO.

BE	
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FACILITY CODE

PFS: NAPHCAR-0

[illegible]

CHARTING FOR 8/1/02		NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE	
THROUGH 8/31/02			
Physician Siddaig	Telephone Number	Inmate No.	
Alt. Physician	Alt. Telephone		
Allergies	Rehabilitative Potential		
Diagnosis			
Medicaid Number	Medicare Number	Complete Entries checked	71
By: Johnson		Title: RN	Date:
PATIENT Adams, Anthony	PATIENT CODE 180127	ROOM NO.	BED 7



MEDICATIONS		HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Tagamet 400mg BID X-30 days 5/30/02 — 6/30/02	1100	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
	1700	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

THROUGH

Telephone No. _____

Inmate No.

Alt. Telephone

Rehabilitative
Potential!

Diagnosis

Medicaid Number

Medicare Number

Complete Entries Checked

By:

tries Checked
A. Thomas

Title:

LPN

Date: _____

Date: 4/05/02

PATIENT

Adams Anthony

PATIENT CODE

ROOM NO.

DATE: 1 FEB

BED	FACILITY CO
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[illegible]

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

THROUGH 5-31-02

Telephone No. _____

Inmate No.

Alt. Physician

Alt. Telephone

Allergies Haldol

Rehabilitative
Potential

sis

Medicaid Number

Medicare Number

Complete Entries Checked

By:

Title:

Date:

PATIENT

PATIENT CODE

ROOM NO.

BE

FACILITY CC

Adams, Anthony

180127

FACILITY CC
BCCI=

MEDICATION ADMINISTRATION RECORD

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28								
NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE																																					
DRAFTING FOR 11/01/99		11/30/99 THROUGH																																			
Physician														Telephone No.														Medical Record No.									
Alt. Physician														Alt. Telephone														144746-BC									
Allergies NKA														Rehabilitative Potential																							
I approve:																																					
Patient's Name										Medicare Number										Complete Entries Checked:																	
By: Martha Jackson										Title: LPN										Date: 10-2																	
PATIENT										PATIENT CODE										ROOMING										BED FACIL							
ADAMSON, RICKY										144746																											
*** END OF MAR ***																																					

MEDICATIONS		HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
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NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

Diagnosis				
Medicaid Number	Medicare Number	Complete Entries Checked: By: <u>Wanda Jarner</u>	Title: <u>LPN</u>	Date: <u>1/31/06</u>
PATIENT <u>ADAMS, ANTHONY</u>		PATIENT CODE <u>1E01E7</u>	ROOM NO.	BED <u>6</u>

Case 2:07-cv-00351-GSC Document 10-4

[illegible]

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE									
CHARTING FOR		1/1/97		THROUGH		1/1/97			
Physician						Telephone No.		Medical Record No.	
Alt. Physician						Alt. Telephone			
Allergies						Rehabilitative Potential			
Diagnosis									
Medicaid Number		Medicare Number		Complete Entries Checked:		PR		1/15/97	
By:		PR		Title:		PR		Date:	
PATIENT		Adams Anthony				PATIENT CODE		ROOM NO. BED FACIL	
						N027			

MEDICATION ADMINISTRATION RECORD

[illegible]

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27
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NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

CHARTING FOR

THROUGH

Physician

Telephone No. _____

Medic

Alt. Phys. Can.

Alt. Telephone

Allergies

Rehabilitative Potential

Diagnosis

Medicare Number:

² Medicare Number

Complete Entries Checked:

Bv

Title:

PATENT

PATIENT CODE _____

2004

1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 2680, 26

~~Case 2:07-cv-00331-ESC Document 10~~
~~MEDICATION ADMINISTRATION RECORD~~

[illegible]

II

MEDICATIONS			NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE																														
HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26							
CHARTING FOR			THROUGH																														
Physician			Telephone No.		Medical History																												
Alt. Physician			Alt. Telephone																														
Allergies			Rehabilitative Potential																														
Diagnosis																																	
Medicaid Number			Medicare Number			Complete Entries Checked:			Title:																			Date:					
PATIENT			Adams, Anthony			By: [Signature]			PATIENT CODE																			ROOM NO.			BED		
									180127																								

MEDICATION ADMINISTRATION RECORD

I

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
182853 TB* ISONIAZID 300MG 30CT 02/18/96 TAKE 1 TABLET EVERY DAY FOR 6 MONTHS Stop: 04/11/96	5pm												5 T O P																	
194769 MINTOX SUSP 360 ML 03/12/96 40CC BY MOUTH THREE TIMES A DAY FOR 30 DAYS Stop: 04/11/96	L O P												5 T O P																	
194770 HYDROCORT ACET. 25MG SUPP 03/12/96 FLOORSTOCK TAKE 1 TABLET BY MOUTH TWICE A DAY FOR 30 DAYS AT 5PM Stop: 04/11/96	HA 5pm												5 T O P																	
3/12/96 Anusol HC Supp + BID x 30d stop: 4/12/96	HA 5pm												5 T O P																	
3/29/96 Cipro 500mg BID x 7d stop: 4/5/96	HA 5p												5 T O P																	
4/9 — 4/19/96 TCN 500mg qd x 10	11																													
TCN 500mg qid x 10d	4 11 5 9																													
Mintox 40cc tid x 90 days 4/17/96 — 7/17/96	4A 11A 5p																													
Anusol HC supp + BID x 90 days 4/17/96 — 7/17/96	HA 5p																													

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	
NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE																															
CHARTING FOR 04/01/96 THROUGH 04/30/96																															
Physician <i>fecu</i>																Telephone No. 738-5625															
Alt. Physician																Alt. Telephone															
Allergies NKA																Rehabilitative Potential															
Medical Record No. 180127-																															
Diagnosis																															
Medicare Number																Medicare Number															
Complete Entries Checked: <i>MAH</i>																Title: <i>LPJ</i>															
PATIENT ADAMS, ANTHONY																Date: 3/23/96															
PATIENT CODE																ROOM NO.															
BED																FACILITY															
180127																															

[illegible]

CHARTING FOR		THROUGH		Telephone No.		Medical Record No.	
Physician				Alt. Telephone		180127	
All. Physician				Rehabilitative Potential			
Allergies		NKA					
Diagnosis							
Medicaid Number		Medicare Number		Complete Entries Checked:		Date:	
				By:		Title:	
PATIENT		PATIENT CODE		ROOM NO.		BED FACIL	
ADAMS, ANTHONY		180127					

MEDICATION ADMINISTRATION RECORD

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

CHARTING FOR 2/1/76

THROUGH 2/29/94

Physician

Telephone No. 738-5625

Medical Record

Alt. Physician

Alt. Telephone

Acknowledgements

Rehabilitative
Potential

Diagnosis

Medicaid Number

Medicare Number

Complete Entries Checked:

By:

Title:

Date: _____

PATIENT

PATIENT CODE

ROOM NO.

BED · FA

Alfred Anthony

186127

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NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE			
CHARTING FOR 1-11-78		THROUGH 1-11-78	
Physician <u>SEBOLD</u>		Telephone No.	Medical Record <u>196127</u>
Alt. Physician		Alt. Telephone	
Allergies		Rehabilitative Potential	

Diagnosis			
Medicaid Number	Medicare Number	Complete Entries Checked:	
		By:	Title: Date:
PATIENT		PATIENT CODE	ROOM NO. BED FAC
WILKINS Anthony		16127	

[illegible][illegible]

MEDICATIONS			HOUR		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28																													
NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE																																																													
CHARTING FOR																THROUGH																																													
Physician																Telephone No.																Medical Record																													
Alt. Physician																Alt. Telephone																																													
Mergers																Rehabilitative Potential																																													
Diagnosis																																																													
Medicaid Number																Medicare Number																Complete Entries Checked:																													
By:																																																													
PATIENT																PATIENT CODE																ROOM NO										BED										FACIL									
Adams Anthony																180027																180127																				Bc									

CORRECTIONAL MEDICAL SYSTEMS

MEDICATION ADMINISTRATION RECORD

MONTH Sept 19 95

START DATE	STOP DATE	INT	DRUG - DOSE MODE - INTERVAL	HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
8/24/94	2/24/94		INH 300mg + qd x 6 mos	1700																															
8/29/94	9/15/94	P	MOTRIN 600mg BID x 7 d	09																															
		E	Sanders	180																															

DOCUMENTATION CODES	STAFF SIGNATURE	DATE	INITIALS	STAFF SIGNATURE	DATE	INITIALS
D/C - DISCONTINUE ORDER	<i>[Signature]</i>			<i>[Signature]</i>	9-6	
R - REFUSED						
S - SELF-ADMINISTERED						
DO - DOSE OMITTED						
C - COURT						
O - OTHER						
ALLERGIES:	DOB/INMATE #: 180/27		LOCATION:		NAME: Adams, Anthony	

CORRECTIONAL MEDICAL SYSTEMS

MEDICATION ADMINISTRATION RECORD

MONTH

19

START DATE	STOP DATE	INT	DRUG - DOSE MODE - INTERVAL	HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
8/19/22	8/19/22	PR	Elavil 108 ti HS x 38	1800																													
8/19/22	8/19/22	PR	Phenylin 125 ti TID PRN	PR																													
8/19/22	8/19/22	PR	AA INH 300mg TPO qd x 6 months	PR																													
8/19/22	8/19/22	PR	Mobrin 600mg BID x 7 days	PR																													

DOCUMENTATION CODES

D/C - DISCONTINUE ORDER

R - REFUSED

S - SELF-ADMINISTERED

DO - DOSE OMITTED

C - COURT

O - OTHER

ALLERGIES:

STAFF SIGNATURE

DATE

INITIALS

STAFF SIGNATURE

DATE

INITIALS

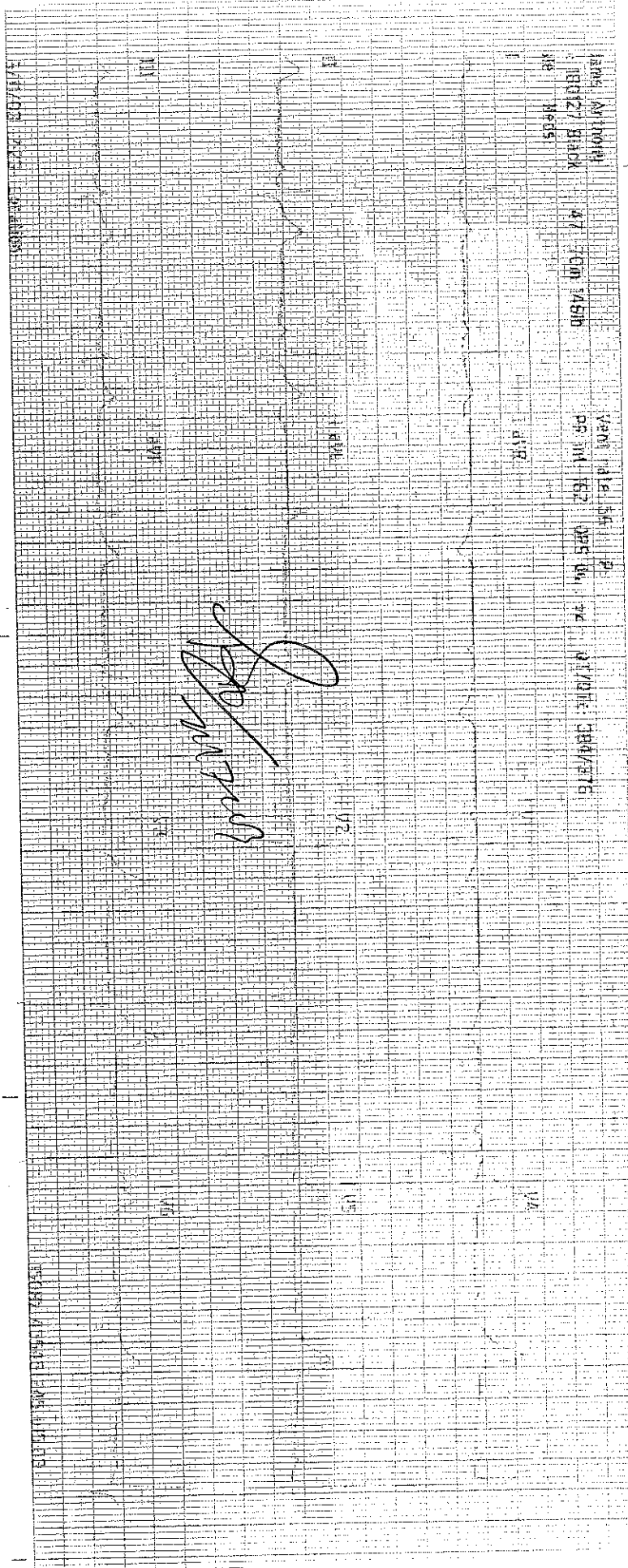
ALLERGIES:

DOB/INMATE #:

LOCATION:

NAME:

Adama Anthony



6/11/03

KILBY CORRECTIONAL FACILITY
PO BOX 11
MT. MEIGS, AL 36057

PATIENT NAME

Adams, Antone

PRISON ID

180127

DATE SUBMITTED

10-17-03

Pullock 102 110-78

TEST NAME	RESULT	REFERENCE RANGE	COMMENTS
HIV ANTIBODY		NEGATIVE (NEG)	
RPR	✓ NR	NON-REACTIVE (NR)	
URINALYSIS			
APPEARANCE			
pH		pH 5- pH 6	
PROTEIN		NEGATIVE (NEG)	
GLUCOSE		NEGATIVE (NEG)	
KETONES		NEGATIVE (NEG)	
BILIRUBIN		NEGATIVE (NEG)	
BLOOD		< 5 RBC/MCL	
NITRITE		NEGATIVE (NEG)	
UROBILINOGEN		< 1.0 MG/DL	
LEUK. ESTERASE		NEGATIVE (NEG)	
SPECIFIC GRAVITY		1.016-1.022	

"A" These results are unreliable due to the age of the specimen.
 "H" These results are unreliable due to the hemolyzed condition of the specimen.
 "A+H" These results are unreliable due to the age and hemolyzed condition of the specimen.

[Signature]
6/13/03

Quest
Diagnostics

PATIENT NAME ADAMS, ANTHONY		PATIENT ID 189127		ROOM NO.	AGE 47	SEX M	PHYSICIAN LYNN, L. BELL
PAGE 1	REQUISITION NO. 1910034	ACCESSION NO. 014387904	LAB REF. #	COLLECTION DATE & TIME 06/12/03 11:00	LOG-IN DATE 06/13/03	REPORT DATE 06/13/03	

REMARKS

REPORT STATUS	TEST	RESULT	UNITS	REFERENCE RANGE
		IN RANGE	OUT OF RANGE	

Date of Birth: 04/05/1956

A COPY OF THIS REPORT HAS BEEN SENT TO: NAPHOARE INC
950 BEND ST N SW
BIRMINGHAM, AL 35203-1300

CHOLESTEROL, TOTAL	158	MG/DL	100-160
COMPREHENSIVE METABOLIC PANEL			
GLUCOSE	77	MG/DL	67-100
UREA NITROGEN (BUN)	11.1	MG/DL	7-21
CREATININE	1.1	MG/DL	0.7-1.3
AMYLASE	148	U/L	30-100
POTASSIUM	3.7	MMOL/L	3.5-5.0
CHLORIDE	100	MMOL/L	98-106
CARBON DIOXIDE	22	MMOL/L	23-29
CALCIUM	9.3	MMOL/L	8.8-10.0
PROTEIN, TOTAL	7.0	G/DL	6.2-8.2
ALBUMIN	4.3	G/DL	3.5-5.0
GLOBULIN	2.7	G/DL	2.0-3.0
ALBUMIN/GLOBULIN RATIO	1.6		1.0-2.0
BILIRUBIN, TOTAL	0.9	MG/DL	0.1-1.2
ALKALINE PHOSPHATASE	75	U/L	30-120
AST	42	U/L	0-30
ALT	35	U/L	0-40

END OF REPORT ADAMS, ANTHONY 06/12/03

6/12/03

**TLC MOBILE MEDICAL
X-RAY REPORT**

Alabama/Mississippi
(800) 845-8183

Louisiana/Transcription
(800) 843-9505

Georgia
(877) 414-1188

DATE	LAST NAME	FIRST NAME	M
05/31/01	Adams	Anthony	
D.O.B.	SEX	FACILITY	
04/05/56	Male	Bullock Correctional Facility	
ORDERING PHYSICIAN	X-RAY NO.		
Dr. Siddiq	ID#: 180127		

UPRIGHT PA CHEST: There is mild bilateral apical pleural thickening. Otherwise the lung are clear. The cardiomediastinal silhouette is normal. Bony structures appear normal. There has been no change since 06/27/00.

IMPRESSION: No significant change since 06/27/00 with no acute chest disease.

Donna West, M.D./aa
06/01/01
tt: 12:24 pm

[Signature]
6/1/01

7186919 AREA/ROUTE/STOP: QCSG012
BULLOCK CORRECTIONAL FACILITY
HWY 82 EAST
UNION SPRINGS, AL 36089-5107



Quest
Diagnostics

PATIENT NAME ADAMS, ANTHONY		PATIENT ID 180127		ROOM NO.	AGE 46	SEX M	PHYSICIAN BULLOCK CORR FAC	
PAGE 1	REQUISITION NO. 7563922	ACCESSION NO. AT383803I	LAB REF. #	COLLECTION DATE & TIME 11042002 12:48 PM		LOG-IN-DATE 11052002	REPORT DATE 11052002	& TIME 4:40AM
REMARKS								

SS#: 419-84-9165

11/4/02

EASTE
TIM
FASTING: N

REPORT STATUS	TEST	RESULT	UNITS	REFERENCE RANGE	SIT
		IN RANGE	OUT OF RANGE		COL

Date of Birth: 04/05/1956

A COPY OF THIS REPORT HAS BEEN SENT TO: NAPHCARE INC
950 22ND ST N STE 825
BIRMINGHAM, AL 35203-5300

CBC (INCLUDES DIFF/PLT)

WHITE BLOOD CELL COUNT
RED BLOOD CELL COUNT
HEMOGLOBIN
HEMATOCRIT
MCV
MCH
MCHC
RDW
PLATELET COUNT
ABSOLUTE NEUTROPHILS
ABSOLUTE LYMPHOCYTES
ABSOLUTE MONOCYTES
ABSOLUTE EOSINOPHILS
ABSOLUTE BASOPHILS
NEUTROPHILS
LYMPHOCYTES
MONOCYTES
EOSINOPHILS
BASOPHILS

5.2
4.65
14.1
41.7
89.5
30.3
33.8
12.1
224
2626
2044
317
182
31
50.5
39.3
6.1
3.5
0.6

THOUS/MCL
MILL/MCL
G/DL
%
FL
PG
G/DL
%
THOUS/MCL
CELLS/MCL
CELLS/MCL
CELLS/MCL
CELLS/MCL
%
%
%
%
%

3.8-10.8
4.20-5.80
13.2-17.1
38.5-50.0
80.0-100.0
27.0-33.0
32.0-36.0
11.0-15.0
140-400
1500-7800
850-3900
200-950
50-550
0-200

>> END OF REPORT - ADAMS, ANTHONY AT383803I <<

7166919 AREA/ROUTE/STREET: 0050012
 BULLOCK CORRECTIONAL FACILITY
 HWY 85 EAST
 UNION SPRINGS, AL 36089 5107



Quest
 Diagnostics

PATIENT NAME ADAMS, ANTHONY		PATIENT ID 180127		ROOM NO.	AGE 46	SEX M	PHYSICIAN BULLOCK CORR FAC
PAGE 1	REQUISITION NO. 7563922	ACCESSION NO. AT3838031	LAB REF. #	COLLECTION DATE & TIME 11042002 12:48	LOG-IN-DATE 0411052002	REPORT DATE 11052002	& TIME 4:40

REMARKS

SS#: 419-84-9165

FASTING:

REPORT STATUS	TEST	RESULT		UNITS	REFERENCE RANGE
		IN RANGE	OUT OF RANGE		

Date of Birth: 04/05/1956

A COPY OF THIS REPORT HAS BEEN SENT TO: NAPHOCARE INC

950 22ND ST N STE 825

BIRMINGHAM, AL 35203-5300

CBC (INCLUDES DIFF/PLT)

WHITE BLOOD CELL COUNT	8.2	THOUS/MCL	3.8-10.8
RED BLOOD CELL COUNT	4.65	MILL/MCL	4.20-5.80
HEMOGLOBIN	14.1	G/DL	13.2-17.1
HEMATOCRIT	41.7	%	38.5-50.0
MCV	89.5	FL	80.0-100.0
MCH	30.3	PG	27.0-33.0
MCHC	33.8	G/DL	32.0-36.0
RDW	12.1	%	11.0-15.0
PLATELET COUNT	224	THOUS/MCL	140-400
ABSOLUTE NEUTROPHILS	3626	CELLS/MCL	1500-7800
ABSOLUTE LYMPHOCYTES	2044	CELLS/MCL	850-3900
ABSOLUTE MONOCYTES	317	CELLS/MCL	300-950
ABSOLUTE EOSINOPHILS	182	CELLS/MCL	50-550
ABSOLUTE BASOPHILS	31	CELLS/MCL	0-200
NEUTROPHILS	50.5	%	
LYMPHOCYTES	39.3	%	
MONOCYTES	6.1	%	
EOSINOPHILS	3.5	%	
BASOPHILS	0.6	%	

>> END OF REPORT - ADAMS, ANTHONY AT3838031 <<

KILBY CORRECTIONAL FACIL

PO BOX 11

MT. MEIGS, AL 36057

PATIENT NAME

Adams, Anthony

PRISON II

180127

DATE SUBMITTED

7-12-99BCCF 116 7-15

TEST NAME	RESULT	REFERENCE RANGE	COMMENTS
HIV ANTIBODY		NEGATIVE (NEG)	
RPR	✓ NR	NON-REACTIVE (NR)	
URINALYSIS			
APPEARANCE			
pH		pH 5- pH 6	
PROTEIN		NEGATIVE (NEG)	
GLUCOSE		NEGATIVE (NEG)	
KETONES		NEGATIVE (NEG)	
BILIRUBIN		NEGATIVE (NEG)	
BLOOD		< 5 RBC/MCL	
NITRITE		NEGATIVE (NEG)	
UROBILINOGEN		< 1.0 MG/DL	
LEUK. ESTERASE		NEGATIVE (NEG)	
SPECIFIC GRAVITY		1.016-1.022	

201-205-047140 18 JH FINAL PG 1				03 01	
ADDITIONAL INFORMATION				CLINICAL INFORMATION	
DOB: 04/05/56				07/20/96 09:05	
CD- 50757957616				PHYSICIAN ID. JEAN	
PATIENT NAME ADAMS, ANTHONY M				PATIENT ID. 180127	
AGE (YR./MOS.) 040/03				ACCOUNT	
PT. ADD.				BULLOCK CORRECTIONAL FACILITY 0133	
DATE OF COLLECTION				CORRECTIONAL MEDICAL SERVICES (
DATE ENTERED				HIGHWAY 82 EAST (
DATE REPORTED				UNION SPRINGS, AL 36089-0000	
07/19/96 07/19/96 07/20/96 07/17				234-738-5695 ALY	
TEST		RESULT	FLAG	UNITS	REFERENCE INTERVAL
Cholesterol, Total		155		mg/dL	0 - 199

DIRECTOR: JAMES A DAVIS III MD
 IF YOU HAVE ANY QUESTIONS CONTACT - BRANCH: 800-659-3324 LAB: 800-621-8037
 LAST PAGE OF REPORT



UNV RP 001

WESLEY BUSINESS FORMS - BURLINGTON, NC 27216-2305 - (810) 238-8338

LABCORP PINK VERTICAL #1-1 RV 9/95

3RD QUARTER 1995

Adams, Anthony

PRISON ID

180127

DATE SUBMITTED

4-12-96

BCCF 602 4-15

TEST NAME	RESULT	REFERENCE RANGE	COMMENTS
HIV ANTIBODY	✓ NR	NEGATIVE (NEG)	
RPR	✓ NR	NON-REACTIVE (NR)	
URINALYSIS			
APPEARANCE			
pH		pH 5- pH 6	
PROTEIN		NEGATIVE (NEG)	
GLUCOSE		NEGATIVE (NEG)	
KETONES		NEGATIVE (NEG)	
BILIRUBIN		NEGATIVE (NEG)	
BLOOD		< 5 RBC/MCL	
NITRITE		NEGATIVE (NEG)	
UROBILINOGEN		< 1.0 MG/DL	
LEUK. ESTERASE		NEGATIVE (NEG)	
SPECIFIC GRAVITY		1.016-1.022	

04-18-1996
LJL

UNV RP 001

WESLEY BUSINESS FORMS - BURLINGTON, NC 27218-2305 - (910) 828-8338

LABCORP PINK VERTICAL #1-1 RV 9/95

3RD QUARTER 1995

ADDITIONAL INFORMATION			
PATIENT NAME ADAMS , ANTHONY		SEX M	AGE (YR./MOS.)
PT. ADD.			
DATE OF COLLECTION 04/10/96	DATE ENTERED 04/10/96	DATE REPORTED 04/11/96 0214	

CLINICAL INFORMATION 04/11/96 16:24	
PHYSICIAN ID.	PATIENT ID. 180127
ACCOUNT BULLOCK CORRECTIONAL FACILITY 0133 CORRECTIONAL MEDICAL SERVICES 0 HIGHWAY 82 EAST 0 UNION SPRINGS , AL 36089-0000 334-738-5625 ALY	

TEST	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
CARDIAC REFLEX PANEL					
(LDH) Fraction 1	20.6	%		16.5 - 30.2	
(LDH) Fraction 2	30.9	%		29.3 - 43.1	
(LDH) Fraction 3	20.2	%		16.4 - 27.0	
(LDH) Fraction 4	11.6	%		5.4 - 14.7	
(LDH) Fraction 5	16.8	HI %		3.8 - 13.3	

The LDH isoenzyme pattern is non-specific. Recommend correlation with the clinical condition of the patient.

PANEL 298943

CBC WITH DIFFERENTIAL

DIRECTOR: JAMES A DAVIS III MD

IF YOU HAVE ANY QUESTIONS CONTACT - BRANCH: 800-659-3324 LAB: 800-621-8037
LAST PAGE OF REPORT

04-15-1996

LFJA

101-205-0314-0

NO.

1

PG

1

03

01

RELIN

04/11/96 08:09

ADDITIONAL INFORMATION

CLINICAL INFORMATION

PATIENT NAME

ADAMS, ANTHONY

SEX

M

AGE (YR./MOS.)

PT. ADD.

DATE OF COLLECTION

04/10/96

DATE ENTERED

04/10/96

DATE REPORTED

04/11/96

0210

PHYSICIAN ID.

PATIENT ID.

180127

ACCOUNT

BULLOCK CORRECTIONAL FACILITY 01331
 CORRECTIONAL MEDICAL SERVICES 01
 HIGHWAY 82 EAST 01
 UNION SPRINGS, AL 36089-0000
 334-738-5625 ALY

TEST	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
CARDIAC REFLEX PANEL					
LDH	280	HI	IU/L	100 - 250	
SGOT (AST)	69	HI	IU/L	0 - 50	
Creatine Kinase, (CK)	99		U/L	38 - 174	
PANEL 298943					
CHEMISTRIES					
Glucose	158	HI	mg/dL	60 - 115	
Creatinine, Serum	1.0		mg/dL	0.5 - 1.5	
BUN	7		mg/dL	7 - 26	
BUN/Creatinine Ratio	7				
Sodium, Serum	140		mEq/L	135 - 148	
Potassium, Serum	5.0		mEq/L	3.5 - 5.5	
Chloride, Serum	105		mEq/L	94 - 109	
Carbon Dioxide (CO2)	26		mEq/L	21 - 31	
CBC WITH DIFFERENTIAL					
White Blood Count	4.8		X 10-3/uL	4.1 - 10.3	
Red Blood Count	4.91		X 10-6/uL	4.30 - 5.60	
Hemoglobin	14.8		g/dL	13.5 - 17.0	
Hematocrit	44.8		%	40.0 - 51.0	
MCV	91		fL	81 - 95	
MCH	30.2		pg	27.0 - 33.0	
MCHC	33.1		g/dL	32.5 - 35.5	
Platelets	220		X 10-3/uL	150 - 415	
Polys	65		%	45 - 76	
Lymphs	29		%	17 - 44	
Monocytes	4		%	3 - 10	
Eos	2		%	0 - 4	
Basos	0		%	0 - 2	
Polys (Absolute)	3.1		X 10-3/uL	1.8 - 7.8	
Lymphs (Absolute)	1.4		X 10-3/uL	0.7 - 4.5	
Monocytes (Absolute)	0.2		X 10-3/uL	0.1 - 1.0	
Eos (Absolute Value)	0.1		X 10-3/uL	0.0 - 0.4	
Baso (Absolute)	0.0		X 10-3/uL	0.0 - 0.2	

DIRECTOR: JAMES A DAVIS III MD

IF YOU HAVE ANY QUESTIONS CONTACT - BRANCH: 800-659-3324 LAB: 800-621-8037

FINAL REPORT WILL FOLLOW

*If he receive INH
 great SGOT after on months 04-15-1996
 LF/Kan*

04/10/1996 08:53:01 AM Adams Anthony
Mile R

110 lbs 69 ins BP:

Dept: Nsy
Room: ER2
KSCS

HEWLETT
PACKARD

REORDER HP M107A

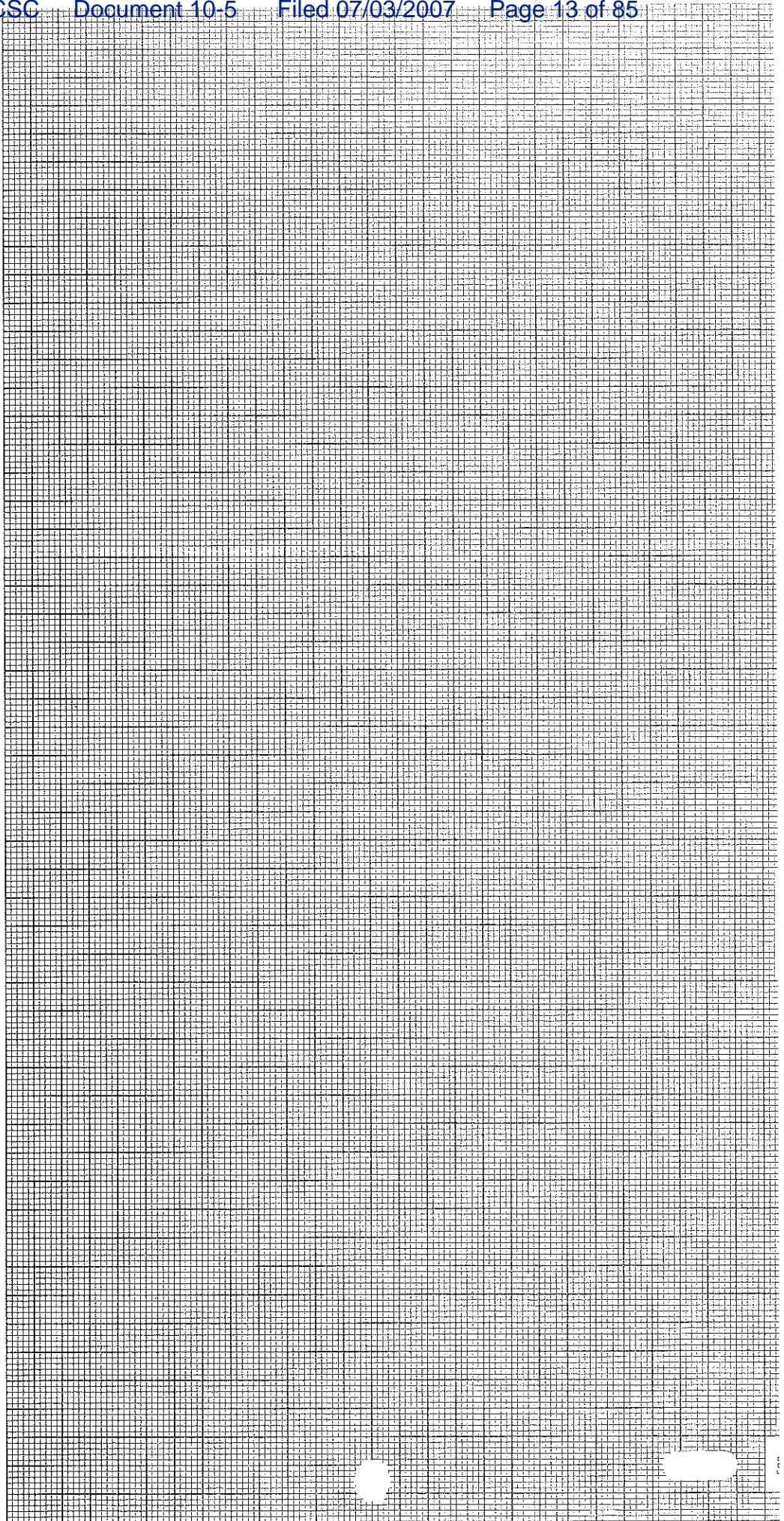
Dept: Nsy
Room: ER2
Off: KSCS

BP:

60 lbs

07/12/06 08:53:40 AM Adams Anthony

04-11-96
WJW



LabCorp

SPECIMEN #	TYPE	PRIMARY LAB	REPORT STATUS
089-905-2572-0	S	FINAL	PG 1
ADDITIONAL INFORMATION			
SRC-PENIS 1 SWAB-NO GC PLATE CD- 50603834653			
PATIENT NAME		SEX	AGE (YR./MOS.)
ADAMS, ANTHONY		M	
PT. ADD.			
DATE OF COLLECTION	DATE ENTERED	DATE REPORTED	
03/29/96	04/01/96	04/02/96 0191	

CLINICAL INFORMATION	
047	
PHYSICIAN ID.	PATIENT ID.
JEAN	18010531
ACCOUNT	
BULLOCK CORRECTIONAL FACILI	
CORRECTIONAL MEDICAL SERVICE	
HIGHWAY 82 EAST	
UNION SPRINGS, AL 36089-0000	
334-738-5625 ALY	

TEST	RESULT	FLAG	UNITS	REFERENCE INTERVAL
GENITAL CULTURE SCREEN				
FINAL REPORT				

RESULT 1

NO NEISSERIA GONORRHOEAE ISOLATED IN 72 HOURS.

DIRECTOR: JAMES A DAVIS III MD

IF YOU HAVE ANY QUESTIONS CONTACT - BRANCH: 800-659-3324 LAB: 800-621-81
LAST PAGE OF REPORT

04-02-1996

UNV RP 001
IN
WESLEY BUSINESS FORMS - BURLINGTON, NC 27216-2305 - (910) 258-6399

LABCORP PINK VERTICAL #1-1 RV 9/95

3RD QUARTER 1995

**IN Clinical
Laboratories**

ONE TECHNOLOGY CENTER
SUITE 300, 300 BROADWAY
ROBERT B. SMITH BUILDING
KILBY CORRECTIONAL INSTITUTE
WALTON ROAD
P.O. BOX 1000, NEW YORK, NY 10007

PATIENT NAME				PATIENT
JOHN J. SMITH				10010
ACCESSION NO.	AGE	SEX	TOTAL VOL/SOURCE	DATE RECEIVED
10010		M		06/10/05
REFERRING PHYSICIAN			CLIENT NO.	DATE REPORTED
LYRENE			200139	06/10/05
ORDER STATUS	COLLECTION DATE/TIME			CLIENT DATA
COMPLETE	06/10/05 05:00 AM			MPY 26

TEST	OUTSIDE RANGE	WITHIN RANGE	UNITS	REFERENCE RANGE	*
WBC		5.1	x10 ³ CMM	4.5-11.0	
RBC		4.73	x10 ⁶ CMM	3.80-5.90	
HGB		14.8	g/dL	11.7-17.7	
HCT		43.3	%	35.0-52.0	
MCV		92	fL	80-100	
MCH		31.4	pg	26.0-34.0	
MCHC		34.2	g/dL	31.0-37.0	
RDW		12.2	%	9.0-16.0	
PLATELET COUNT		254	x10 ³ CMM	144-440	
NEUTROPHILS		47.8	%	40.0-70.0	
LYMPHOCYTES		39.7	%	20.0-40.0	
MONOCYTES		0.2	%	0.5-12.0	
EOSINOPHILS		4.0	%	0.0-7.0	
BASOPHILS		0.3	%	0.0-2.0	

KILBY CORRECTIONAL FACILITY
PO BOX 11
MT. MEIGS, AL 36057

Adams, G

PRISON

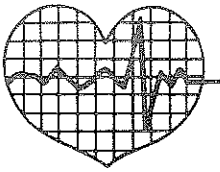
180127

DATE SUBMITTED

8-18-95

WPY-26

TEST NAME	RESULT	REFERENCE RANGE	COMMENTS
HIV ANTIBODY	HIV NON-REACTIVE	NEGATIVE (NEG)	
RPR	RPR NON-REACTIVE	REACTIVE (NR)	
URINALYSIS	<i>neg</i>		
APPEARANCE			
pH		pH 5- pH 6	
PROTEIN		NEGATIVE (NEG)	
GLUCOSE		NEGATIVE (NEG)	
KETONES		NEGATIVE (NEG)	
BILIRUBIN		NEGATIVE (NEG)	
BLOOD		< 5 RBC/MCL	
NITRITE		NEGATIVE (NEG)	
UROBILINOGEN		< 1.0 MG/DL	
LEUK. ESTERASE		NEGATIVE (NEG)	
SPECIFIC GRAVITY		1.016-1.022	



Diagnostic Health Systems, Inc.

1-800-933-3347

ROENTGEN REPORT

8-24-95

ADAMS, ANTHONY #180127 DATE PERFORMED: _____

PATIENT: _____ KILBY _____

FACILITY: _____ ROOM: _____

PART X-RAYED: _____

CLINICAL DIAGNOSIS: _____ DR. MAUNEY _____

REFERRING PHYSICIAN: _____


RADIOLOGICAL REPORT

CHEST:

A single PA view of the chest shows the cardiac silhouette to be normal. Trachea is midline. Lung fields are clear.
Trachea is midline. Lung fields are clear.

IMPRESSION:

NEGATIVE CHEST.

signed: LEWIS R. GAYDEN, M.D. 

LRG/jk
8-24-95



Radiologis

CORRECTIONAL MEDICAL SERVICES
HEALTH SERVICES REQUEST FORM

Print Name: Anthony Adams Date of Request: 1-24-99
ID #: 180127 Date of Birth: 4-5-56 Housing Location: D: 1 B: 31

Nature of problem or request: Could I please get my front
upper tooth put in my denture I need
it replaced.

I consent to be treated by health staff for the condition described.

Anthony Adams
SIGNATURE

PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA

HEALTH CARE DOCUMENTATION

Subjective:

Objective: BP _____ P _____ R _____ T _____

Assessment:

Plan: Placed on list for Appointment @ 12.00

Refer to: _____ PA/Physician _____ Mental Health _____ Dental

Signature: C. Battle Title: DA Date: 1/24/99 Time: 8.20

CORRECTIONAL MEDICAL SERVICES
HEALTH SERVICES REQUEST FORM

Print Name: Anthony Adams Date of Request: 1-20-99
ID #: 180127 Date of Birth: 4-5-56 Housing Location: D:1 B:31
Nature of problem or request: Could i please Get A TOOTH
Put in my upper Denture The other one
CAME OUT.

THANKS

I consent to be treated by health staff for the condition described.

Anthony Adams
SIGNATURE

PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA

HEALTH CARE DOCUMENTATION

Subjective:

Objective: BP _____ P _____ R _____ T _____

Assessment:

Plan: NO Show

Refer to: _____ PA/Physician _____ Mental Health _____ Dental

Signature: C. Battle Title: DA Date: 1/22/99 Time: _____

PE 8/18

**CORRECTIONAL MEDICAL SYSTEMS
HEALTH SERVICES REQUEST FORM**

Print Name: ANTHONY L. ADAMS Date of Request: 24 / 95

ID #: 180127 Date of Birth: 4/5/56 Housing Location: W - 9

Nature of problem or request: NEED TOOTH PULLED REAL BAD

I consent to be treated by health staff for the condition described.

anthony l. adams
SIGNATURE

**PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA**

HEALTH CARE DOCUMENTATION

Subjective:

Objective: BP _____ P _____ R _____ T _____

Assessment:

Plan:

no show

Refer to: _____ PA/Physician _____ Mental Health _____ Dental

Signature: M Squire Title: RDH Date: 8/24 Time: _____

PE 8/18

**CORRECTIONAL MEDICAL SYSTEMS
HEALTH SERVICES REQUEST FORM**

Print Name: ANTHONY ADAMS Date of Request: 29 / 1995
ID #: 180127 Date of Birth: 4/5/56 Housing Location: W-9
Nature of problem or request: i need to get a tooth pulled
it hurt me every night

I consent to be treated by health staff for the condition described.

Anthony Adams
SIGNATURE

**PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA**

HEALTH CARE DOCUMENTATION

Subjective:

Objective: BP _____ P _____ R _____ T _____

Assessment:

Plan:

Halden

R4C ext

Refer to: _____ PA/Physician _____ Mental Health _____ Dental

Signature: M. Squire Title: RDH Date: 8/29 Time: _____

CMS 7103 REV. 6/93

SERVICES RENDERED			
DATE	TOOTH	SURFACE	DENTAL SERVICES PROVIDED
1-26-96			N/S X
			MARTIN WEST, D.D.S.
8-1-97			cc. My plate is loose; I've had it for about 20 yrs. & chairside refine completed on max. c.d.; PTR for adjustments
2-19-99			cc. lost both on my dentures; replacement of tooth #9 on max. c.d.; PTR for tx X
11-1-99			ANNUAL dental exam X
11/1/00			Placed on list for filling appt given on July 28, 00 CB
7-28-00	27 & 28	F composite	1 carp. 29% x 10 1:100,000EP used w/ AMEND. block; Dye used; PTR for op X
8-18-00	21 & 22	F composite	1 carp. 29% x 10 1:100,000EP used w/ AMEND. block; Dye used; PTR for op X
6/10/02			annual dental exam CB
1-7-04			annual dental exam CB

X-RAY REQUISITION AND REPORT

NAME OF FACILITY <i>Bullock</i>	DATE OF REQUEST <i>6-19-03</i>	REQUESTED BY <i>Dr. Siddiq</i>	PATIENT STATUS
EXAMINATION REQUESTED			

CXR

CLINICAL DIAGNOSIS

Past positive PPD

X-RAY NUMBER	DATE OF X-RAY <i>6-24-03</i>	DATE OF PPD SKIN TEST	
--------------	---------------------------------	-----------------------	--

REPORT OF FINDINGS

ADAMS, ANTHONY ID#180127

PA VIEW OF THE CHEST: 6-24-03

Comparison made with prior exam dated 6-20-02. No acute pulmonary disease.
Overall appearance is unchanged compared to prior exam.

WBA

W. BEN ABBOTT, M.D./gm

RDTF 6-25-03

SIGNATURE

Patient's Last Name <i>Adams</i>	First <i>Anthony</i>	Middle	Date of Birth <i>4-5-56</i>	R/S <i>B/m</i>	ID NUMBER <i>180127</i>
-------------------------------------	-------------------------	--------	--------------------------------	-------------------	----------------------------

[Signature]
*6/27/03**22-47*

06/21/2002 11:30 2055025909

RADIOLOGY ASSOC OF AL

PAGE 22

X-RAY REQUISITION AND REPORT

NAME OF FACILITY <i>Bullcock</i>	DATE OF REQUEST <i>6-20-02</i>	REQUESTED BY <i>Dr. Siddig</i>	PATIENT STATUS
EXAMINATION REQUESTED			

CXR

CLINICAL DIAGNOSIS

Past hx of INH

X-RAY NUMBER	DATE OF X-RAY <i>6-20-02</i>	DATE OF PPD SKIN TEST	
--------------	---------------------------------	-----------------------	--

REPORT ON FINDINGS

ADAMS, ANTHONY ID#180127

PA VIEW CHEST 06/20/02

FINDINGS: COMPARISONS ARE MADE TO PRIOR EXAM DATED 05/31/01. OVERALL APPEARANCE IS UNCHANGED. NO EVIDENCE OF AIR SPACE DISEASE IS IDENTIFIED. THE HEART SIZE IS WITHIN NORMAL LIMITS.

IMPRESSION: NORMAL PA VIEW OF THE CHEST.

RF
W. BEN ABBOTT, M.D.
R.D IF 05/21/02

WBA
SIGNATURE

Patient's Last Name	First	Middle	Date of Birth	R/S	ID NUMBER
<i>Adams</i>	<i>Anthony</i>		<i>4/5/56</i>	<i>B/m</i>	<i>180127</i>

X-RAY REQUISITION AND REPORT

NAME OF FACILITY Bullock	DATE OF REQUEST 6/27/00	REQUESTED BY Siddig	PATIENT STATUS 180127
-----------------------------	----------------------------	------------------------	--------------------------

EXAMINATION REQUESTED

Chest x-ray

CLINICAL DIAGNOSIS

Previous Positive PPD

X-RAY NUMBER	DATE OF X-RAY 6-27-00	DATE OF PPD SKIN TEST	
--------------	--------------------------	-----------------------	--

REPORT OF FINDINGS

Chest: The heart is not enlarged. The lungs are clear.
 IMPRESSION: NORMAL CHEST.

d & t: June 28, 2000
 abs

Maurice H. Rowell Jr.
 Maurice H. Rowell, Jr., M.D.
 Board Certified Radiologist

7/7/00

SIGNATURE

PATIENT'S LAST NAME Adams	FIRST Anthony	MIDDLE	DATE OF BIRTH	R/S	ID NUMBER 180127
------------------------------	------------------	--------	---------------	-----	---------------------

X-RAY REQUISITION AND REPORT

NAME OF FACILITY Bullock	DATE OF REQUEST 6/27/00	REQUESTED BY Siddig	PATIENT STATUS 180127
-----------------------------	----------------------------	------------------------	--------------------------

EXAMINATION REQUESTED

Chest x-ray

CLINICAL DIAGNOSIS

Previous Positive PPD

X-RAY NUMBER	DATE OF X-RAY 6-27-00	DATE OF PPD SKIN TEST	
--------------	--------------------------	-----------------------	--

REPORT OF FINDINGS

Chest: The heart is not enlarged. The lungs are clear.
 IMPRESSION: NORMAL CHEST.

d & t: June 28, 2000
 abs

Maurice H. Rowell Jr.
 Maurice H. Rowell, Jr., M.D.
 Board Certified Radiologist

[Signature]
 6/29/00

SIGNATURE

PATIENT'S LAST NAME Adams,	FIRST Anthony	MIDDLE	DATE OF BIRTH 4-05-56	R/S B/M	ID NUMBER 180127
-------------------------------	------------------	--------	--------------------------	------------	---------------------

ad

**CONSULTATION
PROVIDED
BY
CAHABA IMAGING, P.C.**
Suite 110, Cahaba Rd., Birmingham, AL 35223
(205) 802-6100 * 1-800-535-2189 * Fax: (205) 870-1207

NAME Adams Anthony	AGE 43	DATE OF EXAM	PATIENT # 180127
CLINIC NAME Annual Physical	PROVIDER NAME CMS		
PROCEDURES: CKR	HISTORY INH Taken 1996		

Chest: The heart is not enlarged. The lungs are clear.
IMPRESSION: NORMAL CHEST.

Maurice H. Rowell Jr.

d & t: July 9, 1999
alc

Maurice H. Rowell, Jr., M.D.

[Signature]



Vital Signs Flow Sheet

Patient Name: Adams, AnthonyDate of Birth: 4-5-56

TEMPERATURE

Date	5/25/07	5/30/07	6/1/07	6/2/07	6/28/07	6/29/07	7/10/07	7/11/07	7/23/07										
Time	9:30 AM	9A		9A		9A	8:30 AM	10A											
104																			
102																			
100								98.4											
98	98.1	97.6	97.4		97.3	97.7	97.9		98										
96					96.8				97.8										

BLOOD PRESSURE

260																			
240																			
220																			
200																			
180																			
160																			
140	138				140			110											
120	120				120	120	122	120	120										
100	74				90	98	80	80	86	110									
80	80									80									
60																			
40																			
20																			

wt 145 lbs on 7/14/07

PULSE

160																			
140																			
120																			
100																			
80	80	88		74	82	80		80	98	80	88								
60								68											
40																			

RESPIRATIONS

40																			
20	20	20		18	20	20	20	20	20	20	20								
10																			

ALABAMA DEPARTMENT OF CORRECTIONS

PROBLEM LIST

INMATE NAME Adams, Anthony AIS# 180127
 Medication Allergies: "Haldol" 10.0.8:4/5/56

Medical: Chronic (Long-Term) Problems
 Roman Numerals for Medical/Surgical

Mental Health Code: SMI HARM HIST NONE
 Capital Letter for Psychiatric Behavior

Date Identified	Chronic Medical Problem	Mental Health Code	Date Resolved	Provider Initials

****If Asthmatic label: Mild – Moderate – or Severe.**

HEALTH EVALUATION

I. HISTORY - (LPN or RN)	YES	NO	COMMENT(S)
Weight Change (greater 15 lbs.) (Compare Weight Below)		<input checked="" type="checkbox"/>	_____
Persistent Cough		<input checked="" type="checkbox"/>	_____
Chest Pain		<input checked="" type="checkbox"/>	_____
Blood in Urine or Stool		<input checked="" type="checkbox"/>	_____
Difficult Urination		<input checked="" type="checkbox"/>	_____
Other Illnesses (Details)	<input checked="" type="checkbox"/>		Bleeding Ulcer
Smoke, Dip or Chew	<input checked="" type="checkbox"/>		_____
ALLERGIES	<input checked="" type="checkbox"/>		Halibut

HT 5'10" Weight 140 Temp 96.8 Pulse 78 Resp 18 Blood Pressure 100/62 ^{120/6}
 Eye Exam: 20/30 OD 20/20 OS 20/30 OU
 If greater than > 140/90, repeat in 1 hour.
 Refer to M.D. if remains > 140/90.

II. TESTING - (LPN or RN)	RESULTS
Tuberculin Skin Test (q yr)	Date given <u>+PPD</u> Site _____
	Read on _____ Results _____ mm
Past Positive TB Skin Test →	Survey Completed _____
(Chest x-ray if clinical symptoms)	Date _____ Results _____
RPR (q 3 yrs)	Date <u>6-14-05</u> Results _____
EKG (baseline at 35, over 45 q 3 yrs)	<u>6-14-05</u>
Cholesterol (at 35 then q 5 yrs)	<u>7-21-2004</u>
Finger Stick Blood Sugar	Results <u>110</u>
* If > than 200 repeat Finger Stick BS within 48 hours	Results _____
Optometry Exam (@ 50 if not already seen)	_____
Mammogram	Date _____ Results _____
(females @ 40, q 2 yrs/other M.D. order)	_____

III. PHYSICAL RESULTS - (RN, Mid-Level, M.D.)	Duty Status # <u>1</u>
Heart	<u>Rgry/WNL</u>
Lungs	<u>Clear</u>
Breast Exam	<u>Educated</u>
Rectal (yearly after 45)	Results <u>NA</u>
with Hemoccult	Results <u>NA</u>
Pelvic and PAP (q 1 yr)	Date _____ Results _____

Facility BCCP Nurse Signature [Signature] Date 5/9/06
 M.D. or Mid-Level Signature [Signature] Date _____

INMATE NAME	AIS#	D.O.B.	RACE/SEX
Adams, Anthony	180127	4-5-56	Bm



PRISON HEALTH SERVICES, INC.

DEPARTMENT OF CORRECTIONS

NOTIFICATION OF NEXT OF KIN

In the event of a serious injury or illness, I request the following person be notified:

Name	Relationship
------	--------------

Street Address	Phone Number
----------------	--------------

City	State	Zip Code
------	-------	----------

Inmate Signature	AIS#	SS#	Date
------------------	------	-----	------

Witness	Date
---------	------

INMATE NAME (LAST, FIRST, MIDDLE)	AIS#	D.O.B.	RACE/SEX	FACILITY
-----------------------------------	------	--------	----------	----------

U/A DIPSTICK REPORT

Name: Adams Anthony AIS# 100127 R/S

DOB: _____ AGE: _____

Collection Date: _____ TIME: _____

Annual Physical _____ Random _____ Repeat _____ Daily _____

After Rx. Completion _____ Chronic Care Clinic Protocol _____

Urine Appearance: Color Yellow Clarity: Clear Odor: _____Specific Gravity: 1.015PH: 8

LEUKOCYTES: _____

NITRATE: _____ neg

PROTEIN: _____

GLUCOSE: NormalKETONES: _____ negUROBILINOGEN: Normal

BILIRUBIN: _____

BLOOD: _____ HEMOGLOBIN: neg

WNL: _____ ABNORMAL

OBTAINING NURSE'S SIGNATURE: [Signature] 5/9/06

Date

REVIEWING PHYSICIAN's Signature: [Signature]

Date

6/10/06

BULLOCK CORRECTIONS

DATE: _____

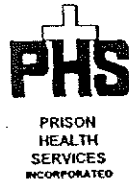
NAME Adams, Anthony AIS# 180127 R/S Bm

Return to the Health Care Unit for skin test reading on the date marked below:

YOU MUST RETURN!!!!

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
D A T E							
T I M E							

RESULT _____ SIGNATURE _____



RELEASE OF RESPONSIBILITY

Inmate's Name: Adams Anthony - 180127

Date of Birth: 04/05/56

Social Security No.: _____

Date: 03/03/06

Time: 1330

AM.
P.M.

This is to certify that I, Anthony Adams, currently in
(Print Inmate's Name)

custody at the Bullish County Correctional Facility, am refusing to
(Print Facility's Name)

come to 5pm Pill call

accept the following treatment/recommendations: Receive Zantac 150mg
(Specify in Detail)

I acknowledge that I have been fully informed of and understand the above treatment(s)/recommendation(s) and the risk involved in refusing them. I hereby release and agree to hold harmless the City/County/State, statutory authority, all corrections personnel, Prison Health Services, Inc. and all medical personnel from all responsibility and any ill effects which, may result from this action/refusal and I personally assume all responsibility for my welfare.

X Anthony Adams
(Signature of Inmate)**

[Signature]
(Signature of Medical Person)

(Witness)

(Witness)

**A refusal by the inmate to sign requires the signature of at least one witness in addition to that of the medical staff member

Prison Health Services

REFUSAL OF TREATMENT FORM

Institution: BCCFResident's Name: Adams, Anthony ID# 180137D.O.B. 04/05/56I, Anthony Adams
(Name of Inmate) have, this day, knowing that I have a condition

requiring medical care as indicated below:

- | | |
|---|---|
| <input type="checkbox"/> A. Refused medication. | <input type="checkbox"/> E. Refused X-Ray services. |
| <input type="checkbox"/> B. Refused dental care. | <input type="checkbox"/> F. Refused other diagnostic |
| <input type="checkbox"/> C. Refused an outside medical appointment. | <input type="checkbox"/> G. Refused physical examin |
| <input type="checkbox"/> D. Refused laboratory services. | <input checked="" type="checkbox"/> H. Other (Please specify) |

Missed 22 doses Zantac 150mg PO BID - Did not come to 5pm Pill CallReason For Refusal "most of the time I don't think I hear it"Potential Consequences Explained Inmate at risk for gastroesophageal reflux, ulc
& gastroesophageal erosion

I acknowledge that I have been fully informed of and understand the above treatment recommendations and the risks involved in refusing them. I hereby release and agree to hold harmless the state, statutory authority, all correctional personnel, medical/health personnel from all responsibility and any ill effects which may result from this refusal and I shall personally assume responsibility for my welfare.

I have read this form and certify that I understand its contents.

[Signature]
Witness Signature

Witness Signature

03/03/04
Date

ANTHONY ADAMS
Patient Signature

1330
Time

NOTE: A refusal by the resident to sign requires the signatures of at least one witness in addition to that of the medical staff member.



PRISON HEALTH SERVICES

NON-COMPLIANCE NOTICE

The following has been observed and documented per non-compliance policy:

CLASS

_____ Diet

☒ Medication

_____ Treatment

SPECIFIC

ADA _____

CARDIOVASCULAR _____

ALT. G.I. ☒ _____

OTHER _____

INFECTIOUS _____

ACUTE _____

CHRONIC _____

PSYCHIATRIC _____

OTHER _____

BLOOD PRESSURE _____

DRESSING _____

ACCUCHECK _____

OTHER _____

ACTION TAKEN BY NURSING:

☒ Counseling

_____ Discontinue Medication

_____ Re-assign Schedule

_____ Placed on sick call

_____ Inform MH Department

_____ M.A.R. Review

ACTION TAKEN BY PRESCRIBERS:

☒ Physician

_____ P.A.

_____ Psychiatrist

☒ Counseling

_____ Discontinue Meds

_____ Discontinue Tx

_____ Change Meds

OTHER _____

ACTION TAKEN BY INMATE:

☒ Treatment Refusal Signed

☒ Explanation of Non-Compliance

_____ Refuses to sign

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	RACE/SEX	FAC.
Adams Anthony	180127	4/5/56	B/M	BCCF



PHYSICIANS' ORDERS

NAME: D.O.B. / / ALLERGIES: Use Last Date / /	DIAGNOSIS (If Chg'd) <input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: D.O.B. / / ALLERGIES: Use Fourth Date / /	DIAGNOSIS (If Chg'd) <input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: Adams Anthony D.O.B. 12/18/01 ALLERGIES: 3/27/07 Use Third Date / /	DIAGNOSIS (If Chg'd) Barium swallow <input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: Adams Anthony D.O.B. 12/18/01 ALLERGIES: 3/27/07 Use Second Date / /	DIAGNOSIS (If Chg'd) Chc Magnesium II / HbM Zantac 150mg PO bid x 180 days <input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: Adams, Anthony #180127 D.O.B. / / ALLERGIES: NKA Use First Date / /	DIAGNOSIS Zantac 150mg \pm po BID x 180 days <input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED



PROGRESS NOTES

Date/Time	Inmate's Name:	D.O.B.: / /
3/12/07 ST	5/17 G having difficulty - swallowing only solids, not difficulty swallowing liquid	
	Q difficulty in the throat area WT 133 not smoking	
	A Dysphagia P will get work up, and P will probably get Barium Swallow (one)	
4/10/07	5/1 (H) seen Q He just had Barium Study today no complaints	
	Hip Dysphagia P will discuss the results of Barium Swallow with him. I have told him that results are so far normal.	
		Tommy



PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST

Print Name: ANTHONY ADAMS Date of Request: 10-5-06
 ID # 180127 Date of Birth: 4/5/56 Location: 10-29
 Nature of problem or request: IM TO THE POINT WHERE MY
ESOPHUS HAS SWOLLEN AND THE FOOD I EAT CAN
BARELY GO DOWN WHEN I SWALLOW.

Anthony Adams
Signature

DO NOT WRITE BELOW THIS LINE

Date: / /
 Time: AM PM
 Allergies:

<p>RECEIVED</p> <p>Date: <u> </u></p> <p>Time: <u> </u></p> <p>Receiving Nurse Initials <u> </u></p>
--

(S)ubjective:

(O)bjective (V/S): T: P: R: BP: WT:

(A)ssessment:

(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
 CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

Facility: BBB
 Patient Name: Adam Anthony
 Inmate Number: 180137 Last
 Date of Birth: 4 5 56 First MM DD YY
 Date of Report: 10 6 06 MM DD YY
 Time Seen: 5:30 AM PM Circle One

Subjective: Chief Complaint(s): I am having Problem Swallowing, feels like something in throat.
 Onset: _____

Brief History: Throat sore. Lassing it
 (Continue on back if necessary)

☐ Check Here if additional notes on

Objective: Vital Signs: (As Indicated) T: 97 P: 72 RR: 18 B/P: 143 / 91 w.

Examination Findings:
 (Continue on back if necessary)

☐ Check Here if additional notes

Assessment: (Referral Status) Preliminary Determination(s): _____

☐ Referral NOT REQUIRED

☐ Referral REQUIRED due to the following: (Check all that apply)

☒ Recurrent Complaint (More than 2 visits for the same complaint)

☐ Other: _____

Comment: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unable to give the appropriate care to be given.

Plan: Check All That Apply:

☐ Instructions to return if condition worsens.

☐ Education: The patient demonstrates an understanding of the nature of their medical condition and instructions regarding what they should do as well as appropriate follow-up. ☐ YES ☐ NO (If NO then schedule patient for appropriate follow-up visits)

☐ Other: _____

(Describe)
 OTC Medications given ☒ NO ☐ YES (If Yes List): _____

Referral: ☐ NO ☒ YES (If Yes, Whom/Where): Dr. Siddig Date for referral: 10 / 6 / MM DD

Referral Type: ☐ Routine ☒ Urgent ☐ Emergent (if emergent who was contacted?): _____ Time _____

Print Name: ANTHONY L. ADAMS Date of Request: 3-26-07
ID # 180127 Date of Birth: 4/5/56 Location: K4-7B
Nature of problem or request: DOCTOR I WANT YOU TO GO
AHEAD AND SEND ME TO THE FREE WORLD HOSPITAL
BECAUSE ITS GOTTEN VERY HARD FOR ME TO
SWALLOW MY FOOD.

GLF-1002 (1/4)

Facility Name: BCCF		Month/Year of Charting: 3/6/7																													
Zantac 150mg \pm po bid x 180 days	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
	1100	[Handwritten notes and signatures]																													
1700	[Handwritten notes and signatures]																														
Start Date: 11.16.06		Prescriber: Siddig																													
Stop Date: 5.14.07		RX #:																													
	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Start Date:		Prescriber:																													
Stop Date:		RX #:																													
	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Start Date:		Prescriber:																													
Stop Date:		RX #:																													
	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Start Date:		Prescriber:																													
Stop Date:		RX #:																													
	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Start Date:		Prescriber:																													
Stop Date:		RX #:																													
	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Start Date:		Prescriber:																													
Stop Date:		RX #:																													
	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Start Date:		Prescriber:																													
Stop Date:		RX #:																													
	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Start Date:		Prescriber:																													
Stop Date:		RX #:																													
Diagnosis	Nurse's Signature	Initial	Nurse's Signature	Initial	Documentation Codes																										
	Allergies																														
NKA	J. Huice, RN	JH	D. Lerman, Lpn	DL	1. Discontinued Order																										
Housing Unit:	M. Massey, Lpn	MM	C. James, Lpn	CJ	2. Refused																										
Patient ID Number: 180127	P. Franjin, Lpn	PF	R. R. R.	RR	3. Patient out of facility																										
Patient Name: Anderson, Anthony					4. Charted in Error																										
					5. Lock Down																										
					6. Self Administered																										
					7. Medication out of Stock																										
					8. Medication Held																										
					9. No Show																										
					10. Other																										

PRISON HEALTH SERVICES
Alabama Department of Corrections
KOP Medication Protocol

The KOP program will allow specific inmates to keep certain kinds of medications on their possession. If they are caught selling, trading, or not taking the medication correctly, they will be removed from the list and face possible disciplinary actions. The KOP medications will include formulary medications.

1. The inmate will have in his possession the medication in blister pack. The inmate should take the medication as directed on the package sticker.
2. The inmate is to bring the package to the infirmary when he gets down to the reorder row of pills so the nursing staff can pull the sticker off the card and reorder. If the inmate waits until they have finished the last row of pills before coming to the nurse, they are likely to run out before their order comes in. The card will be checked at this time against the MAR to determine if the number of pills remaining is accurate (not too many left, not too few). This will be noted by looking at the date the card was given. Each inmate is responsible for keeping their medication in a secure area. We will not be responsible for stolen medications.
3. When the inmate receives their card of medication, usually #30 tabs per card, they should pop them out in numerical order, i.e. #30, #29, etc.
4. In order to be eligible for KOP, the inmate must have a good history of compliance and voice understanding of how this system works. They will not be eligible if their medication is insulin or a psychotropic medication, or has been known to be non-complaint in the past. The inmate will be required to come to the infirmary and sign a KOP agreement that we have formulated. At this time the staff will explain the procedure to the inmate and document that the information was explained and the individual can again sign that the program has been explained in its entirety.
5. Once we have established the program, others will be free to request to be placed on KOP. If research finds that he will qualify, we will repeat the above with this individual.
6. We will not place just anyone on KOP. The individual must have past history evaluated first.
7. Inmates may be requested to present for a medication check at any time to see that the correct number of pills are accounted for. The Medical Staff will be doing random checks for compliance.
8. The inmate holds harmless PHS and its healthcare providers for incidents that may result from the inmate taking medication improperly, exchanging the medicine with other inmates, and consuming drugs/medication provided by other individuals that result in drug interactions.

Inmate Signature: Anthony L. Adams

AIS#: 180129

Nurse Signature: Wmuth

Date: 3-22-07

Facility Name: BCCF						Month/Year of Charting: 2007																												
Zantac 150 mg po bid x 180 days						Hour																												
						1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	
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						1700 [Handwritten notes]																												
						Start Date: 11.14.06														Prescriber: Siddiq														
						Stop Date: 05.14.07														RX #:														
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Facility Name: BCCR

Month/Year of Charting: 1/07

Zantac 150 mg $\frac{1}{2}$ po
 Bid x 180 days

Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
1100	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
1700	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1

Start Date: 11.16.06

Prescriber: Siddiq

Stop Date: 05.14.07

RX #:

Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29

Start Date:

Prescriber:

Stop Date:

RX #:

Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29

Start Date:

Prescriber:

Stop Date:

RX #:

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Start Date:

Prescriber:

Stop Date:

RX #:

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Start Date:

Prescriber:

Stop Date:

RX #:

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Start Date:

Prescriber:

Stop Date:

RX #:

Diagnosis

Nurse's Signature

Initial

Nurse's Signature

Initial

Documentation C

Allergies

NKA

Housing Unit:

Patient ID Number:

Patient Name:

Adams, Anthony

P. Magin LPN
 C. James RN
 Shaberts

AP J. Hince, RN
 CY J. Spill LPN
 SD D. Jewell LPN

1. Discontinued Order
2. Refused
3. Patient out of facility
4. Charted in Error
5. Lock Down
6. Self Administered
7. Medication out of
8. Medication Held
9. No Show
10. Other

Date of Birth:

Adams, Anthony

Facility Name: Bullock Correctional Facility		Month/Year of Charting: 09/06																											
zantac 150MG Tab 60.00	Hour 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29	1100 1200 1300 1400 1500 1600 1700 1800 1900 2000 2100 2200 2300 2400 2500 2600 2700 2800 2900 1700 1800 1900 2000 2100 2200 2300 2400 2500 2600 2700 2800 2900																											
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Diagnosis	Nurse's Signature		Initial	Nurse's Signature		Initial	Documentation Code 1. Discontinued Order 2. Refused 3. Patient out of facility 4. Charted in Error 5. Lock Down 6. Self Administered 7. Medication out of stock 8. Medication Held 9. No Show 10. Other																						
Allergies	K Smith, RN		VS	Siddiq, Tahir		K																							
Housing Unit:																													
Patient ID Number: 180127																													
Patient Name: Adams, Anthony																													
			Date of Birth:																										

Facility Name: Bullock Correctional Facility		Month/Year of Charting: 10/06																																																																																																																				
Ranitidine HCl (for zantac) 150MG Tab 60.00	<table border="1"> <tr> <th>Hour</th> <th>1</th><th>2</th><th>3</th><th>4</th><th>5</th><th>6</th><th>7</th><th>8</th><th>9</th><th>10</th><th>11</th><th>12</th><th>13</th><th>14</th><th>15</th><th>16</th><th>17</th><th>18</th><th>19</th><th>20</th><th>21</th><th>22</th><th>23</th><th>24</th><th>25</th><th>26</th><th>27</th><th>28</th> </tr> <tr> <td>11W</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>7W</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	11W																													7W																													<p>Take 1 tablet(s) by mouth twice daily</p> <p>Start Date: 05-27-2006 Prescriber: Siddiq, Tahir</p> <p>Stop Date: 11-22-2006 RX #: 251561281</p>																													
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<p>Diagnosis</p> <p>Allergies: Haldol</p> <p>Housing Unit: Population</p> <p>Patient ID Number: 130127</p> <p>Patient Name: Adams, Anthony</p>	<p>Nurse's Signature: [Signature]</p> <p>Initial: [Initial]</p> <p>Nurse's Signature: [Signature]</p> <p>Initial: [Initial]</p> <p>Date of Birth:</p>	<p>Documentation:</p> <ol style="list-style-type: none"> 1. Discontinued 2. Refused 3. Patient out of 4. Charted in Err 5. Lock Down 6. Self Administe 7. Medication out 8. Medication He 9. No Show 10. Other 																																																																																																																				

Adams, Anthony

Facility Name: BCCF		Month-Year of Charting: 12/06																												
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Zantac 150 mg \pm po	1100	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	
Bid x 180 days	1700	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	
Start Date: 11.16.06		Prescriber: Siddig																												
Stop Date: 5.14.07		RX #:																												
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Start Date:		Prescriber:																												
Stop Date:		RX #:																												
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Start Date:		Prescriber:																												
Stop Date:		RX #:																												
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Start Date:		Prescriber:																												
Stop Date:		RX #:																												
Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	
Start Date:		Prescriber:																												
Stop Date:		RX #:																												
Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	
Start Date:		Prescriber:																												
Stop Date:		RX #:																												
Diagnosis	Nurse's Signature: James L. [Signature]										Nurse's Signature: J. Huice, RN										Documentation C									
Allergies	NKA										P. Imagier, RN										1. Discontinued Order									
Housing Unit:	180127										P. Imagier, RN										2. Refused									
Patient ID Number:	180127										P. Imagier, RN										3. Patient out of facility									
Patient Name:	Adams, Anthony										P. Imagier, RN										4. Charted in Error									
											P. Imagier, RN										5. Lock Down									
											P. Imagier, RN										6. Self Administered									
											P. Imagier, RN										7. Medication out of									
											P. Imagier, RN										8. Medication Held									
											P. Imagier, RN										9. No Show									
											P. Imagier, RN										10. Other									

JAMES C. BARRETT, M.D.

1507 SPRINGHILL AVENUE

INTERNAL MEDICINE

E. JACKSON GREEN, M.D.

OFFICE TELEPHONE 433-6532

NAME

DATE

R

ADDRESS

Antrop Hecel 250

#60

in 1 hr

PLEASE LABEL

REFILL TIMES

DISPENSE AS WRITTEN

M.D.

REG. NO. ALA. CONT. NO.

☐ AB-0451043 3090

☐ AG-0451055 3466

PRODUCT SELECTION PERMITTED

M.D.

DRS. BARRETT, GREEN & TUCKER ASSOCIATES, P.C.
1507 SPRINGHILL AVENUE
MOBILE, ALABAMA 36690



GEORGIE

Infirmery
P.O. Box 1507
Union Springs, AL 36089

Att: Nurse Scott Jones



STATE OF ALABAMA INMATE HEALTHCARE AUTHORIZATION

Enrollment
Telephone (334) 833-5948
Toll Free (866) 853-1384
Fax (334) 240-1488

Blue Cross Blue Shield of Alabama
(877) 231-7239

Prison Health Services
Telephone (334) 395-5973
Toll Free (877) 279-1335
Fax (334) 395-8156

3/27/2007

Inmate Name **ADAMS, ANTHONY L**
Facility Name **BULLOCK CORRECTIONAL FACILITY**
Facility Address1 **POB 5107**
Facility Address2
City **UNION SPRINGS**
State **AL**
Zipcode **36089**

Inmate # **00180127**

*** Attention Health Care Provider ***

For Hospital/Facility Claims:

All facility claims for inpatient and outpatient services should be submitted directly to Blue Cross and Blue Shield of Alabama. Please submit your facility charges to Blue Cross under group **57688** with contract number **XAJ624632390** as you currently do for all other Blue Cross subscribers. This process applies to facility charges only and does not include physician services.

Utilization Management Review:

All concurrent in-patient reviews must be provided to PHS Regional Office in Montgomery. The contact person is Michelle Pope, Utilization Management Coordinator. (334) 395-5973 Ext 14

For charges not covered under SEIB - BC/BS Program:

For Payment, Please Submit Claims with Inmate number to:

Prison Health Services
P.O.Box 967
Brentwood TN 37024-0967

- Medicare/Medicaid does not cover any health services provided to an inmate in custody, except in certain circumstances not applicable to this inmate.
- Authorization is diagnosis and procedure specific. Any additional tests, procedures, and inpatient or outpatient services must receive prior authorization to ensure benefit eligibility and payment. (Use above contact name and telephone number).
- Authorization for payment of service is guaranteed only if service is provided during the actual time of confinement to the referring correctional facility.
- HIPAA: Please be advised Prison Health Services, Inc. ("PHS") is not a covered entity under HIPAA's Rule on the Privacy of Individually Identifiable Health Information Standard ("Privacy Rule"). Because PHS does not engage in electronic transactions under HIPAA's Electronic Transactions and Code Set Standards ("Transaction Standards"), HIPAA's Privacy Rule does not apply to PHS.
- Payment will not be processed until a clinical summary is received.

3/27/2007

UTILIZATION MANAGEMENT REFERRAL REVIEW FORM
 For: Must be Complete and Legible. You must Type or Print.
 Please send this form with: Authorization Letter to the service provider at the time of the Appointment.

PHS

DEMOGRAPHICS

Site Name & Number: BULLOCK 832	Patient Name: (Last, First) Adams, Anthony	Date: (mm/dd/yy) 03.27.07
Site Phone # (3 3 4) 7 3 8 - 5 6 2 5	Alias: (Last, First) _____	Date of Birth: (mm/dd/yy) 04.05.56
Site Fax # (3 3 4) 7 3 8 - 8 7 6 3	Inmate # 180127	PHS Custody Date: (mm/dd/yy) ____/____/____
Will there be a charge? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Potential Release Date: (mm/dd/yy) ____/____/____

Responsible party: ☒ PHS ☐ Health Ins. (Excludes Medicare/Medicaid Managed Care alternative plans)
☐ Auto Ins. ☐ Other, be specific (Excludes Medicare, Medicaid and Veterans Administration Services): _____

CLINICAL DATA

Requesting Provider: ☒ Physician ☐ NP, PA ☐ Dental

Facility Medical Director Signature and Date:

☐ Service meets criteria for "approval via protocol"

Place a check mark (✓) in the Service Type requested (one only) and complete additional applicable fields.

☐ Office Visit (OV) ☒ X-ray (XR) ☐ Scheduled Admission (SA)
☐ Outpatient Surgery (OS) ☐ Dialysis (DA)
☐ Routine ☐ Urgent

Estimated Date of Service (mm/dd/yy) ____/____/____

(This starts the approval window for the "open authorization period")

Multiple Visits/Treatments: ☐ Radiation therapy
☐ Chemotherapy
 Number of Visits/Treatments: _____ ☐ Other: _____

Specialist referred to: **Bullock Hospital**

Type of Consultation, Treatment, Procedure or Surgery:

Basilar Skull w/ a upper GI

Diagnosis:

ICD-9 code:

You must include copies of pertinent reports such as lab results, ray interpretations and specialty consult reports with this form.

☐ Pertinent Documents have been attached and faxed.

UM DETERMINATION:

☐ Alternative Treatment Plan (explain here):

☐ More Information Requested: (See Attached)

☐ Resubmitted with requested information.

☒ Offsite Service Recommended and Authorized

Date resubmitted: ____/____/____

Regional Medical Director Signature, printed name and date required:

Do not write below this line. For Case Manager and Corporate Data Entry ONLY.

Cert Type:

Med Class:

CPT code:

UR Auth #:

Bullock County Hospital

102 W. Conecuh Ave.
Union Springs AL36089
334-738-2140 FAX: 334-738-1496

PATIENT NAME: ADAMS, ANTHONY

DATE OF BIRTH: 4-05-1956

MRN: 31461

ACCOUNT NUMBER:

EXAM DATE: 4-10-2007

ORDERING PHYSICIAN: Siddiq, Tahir

PRIMARY CARE PHYSICIAN:

ACCESSION NUMBER: 115937

PATIENT LOCATION: OUTPATIENT

FLOOR/ROOM:

EXAM DESCRIPTION: RF UGI SERIES

HISTORY: Abdominal pain, dysphagia.

AIR-CONTRAST UPPER GI

TECHNIQUE: Air-contrast upper GI was performed utilizing granules, a thick weight barium solution and a thin weight barium solution.

FINDINGS: All consistencies were ingested without aspiration complications. The esophagus exhibited normal distensibility and peristalsis. A normal mucosal pattern is appreciated without evidence for stricture or abnormal extrinsic impression. No gastroesophageal reflux was demonstrated.


Evaluation of the stomach reveals normal distensibility, peristalsis and the mucosal pattern. No mass lesion, polyp or ulcer is identified. The stomach empties readily into a normal bulb and duodenum. The ligament of Treitz is in normal position. No ulcerative process identified.

IMPRESSION:

NORMAL UPPER GI SERIES.

This procedure was performed by Barry Waller, RPA under the supervision of an RSI radiologist.

Dictated and Electronically Signed: Raja P. Reddy, MD RSI Staff Radiologist
4-11-2007 12:30 pm Turnaround: 20 Hrs 46 Minutes


4/12/07

Professional interpretation by RSI (Reddy Solutions, Inc.) "Innovative Radiology Solutions"

621 North Ave., Suite C-30 o Atlanta, GA 30308 o Phone (678) 904-6820 o (888) 906-3304 o Fax (678) 904-6824

Bullock County Hospital

102 W. Conecuh Ave.
Union Springs AL36089
334-738-2140 FAX: 334-738-1496

PATIENT NAME: ADAMS, ANTHONY

ORDERING PHYSICIAN: Siddiq, Tahir

DATE OF BIRTH: 4-05-1956

PRIMARY CARE PHYSICIAN:

MRN: 31461

ACCESSION NUMBER: A163586

ACCOUNT NUMBER:

PATIENT LOCATION: OUTPATIENT

EXAM DATE: 4-10-2007

FLOOR/ROOM:

EXAM DESCRIPTION: RF BARIUM SWALLOW

HISTORY: Dysphagia.

TECHNIQUE: Air-contrast barium swallow was performed utilizing granules, a thick weight barium solution and a thin weight barium solution.

FINDINGS: Patient was administered barium in the usual fashion. There is a normal swallowing mechanism without evidence of aspiration.

Evaluation of the esophagus demonstrates normal primary stripping wave and peristalsis. No esophageal masses, strictures, or ulcerations are noted. No extrinsic compression is identified. No gastroesophageal reflux was visualized.

IMPRESSION:

NEGATIVE BARIUM SWALLOW.

Procedure performed by Barry Waller, RPA under the supervision of an RSI radiologist.

Dictated and Electronically Signed: Raja P. Reddy, MD RSI Staff Radiologist
4-11-2007 12:28 pm Turnaround: 21 Hrs 7 Minutes

Transcribed: 9999&<None>^^20070411121018137 4-11-2007 12:28

PRISON HEALTH SERVICES: AUTHORIZATION LETTER

Patient Name:	Adams Anthony	Inmate Number:	180127
Service Authorized:	X-Ray: Upper Gi (Barium Swallow)	Effective Dates:	3-27-03
Effective:	Visits authorized for 60 days from effective date.	Visits Authorized:	1
Responsible Facility:	Bullock Correctional Facility	Contact Name:	Michelle Pope
Authorization Number:	17069437	Telephone Number:	(334)395-5973 Ext 14

Note to Provider of Services:

- Medicare/Medicaid do not cover any health services provided to an inmate in custody, except in certain circumstances not applicable to this inmate.
- Authorization is diagnosis and procedure specific. Any additional tests, procedures, and inpatient or outpatient services must receive prior authorization to ensure benefit eligibility and payment. (Use above contact name and telephone number)
- Authorization for payment of service is guaranteed only if service is provided during the actual time of confinement to the referring correctional facility.
- HIPAA: Please be advised Prison Health Services, Inc. ("PHS") is not a covered entity under HIPAA's Rule on the Privacy of Individually Identifiable Health Information Standard ("Privacy Rule"). Because PHS does not engage in electronic transactions under HIPAA's Electronic Transactions and Code Set Standards ("Transaction Standards"), HIPAA's Privacy Rule does not apply to PHS.
- Payment will not be processed until we receive a clinical summary.

For Payment Please Submit Claims To:

Prison Health Services
P.O. Box 967
Brentwood, TN 37024-0967

The consulting physician should complete this section.
The completed form will be sealed in the attached envelope and
returned with an officer to the correctional facility.

Clinical Summary or Attached Report

*** For security and safety, please do not inform patient of possible follow-up appointments. ***

Signature of Consulting Physician:

Date

Time

Reviewed and Signed By
Medical Director:

Date

Time

BULLOCK COUNTY HOSPITAL
102 CONECUH
UNION SPRINGS, AL
738-2140

April 10 at 1:30

09/29/200

03/27/2007 TUE 11:05 FAX 334 8756 BULLOCK CORRECTIONAL FAC

002/002

UTILIZATION MANAGEMENT REFERRAL REVIEW FORM

Form must be completed and Legible. You must Type or Print
Please send this form with the Authorization Letter to the service provider at the time of the Appointment.

PHS

RECEIVED MAR 27 2007

Site Name & Number: BULLOCK 832		Patient Name: (Last, First) Adams, Anthony		Date: (mm/dd/yyyy) 03.27.07
Site Phone #: (3 3 4) 7 3 8 - 5 6 2 5		Alias: (Last, First)		Date of Birth: (mm/dd/yyyy) 04.05.56
Site Fax #: (3 3 4) 7 3 8 - 8 7 6 3		Ident #: 180127		PHS Custody Date: (mm/dd/yyyy) 1 1
Will there be a charge? Sex <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		SS Number		Potential Release Date: (mm/dd/yyyy) 4.24.10

Responsible party: ☒ PHS ☐ Health Ins. (Excludes Medicare/Medicaid Managed Care alternative plans)
☐ Auto Ins. ☐ Other, be specific (Excludes Medicare, Medicaid and Veterans Administration Services):

CLINICAL DATA

Requesting Provider: ☒ Physician ☐ NP, PA ☐ Dental

Facility Medical Director Signature and Date:
[Signature]

☐ Service needs criteria for "approval via protocol"

Place a check mark (✓) in the Service Type requested (one only) and complete additional applicable fields.

☐ Office Visit (OV) ☒ X-ray (XR) ☐ Scheduled Admission (SA)
☐ Outpatient Surgery (OS) ☐ Dialysis (DA)

☐ Routine ☐ Urgent

Estimated Date of Service (mm/dd/yyyy) **3/28/07**
 (This starts the approval window for the "open authorization period")

Multiple Visits/Treatments: ☐ Radiation therapy
 Number of Visits/Treatments: ☐ Chemotherapy
☐ Other:

Specialist referred to: **Bullock Hospital**

Type of Consultation, Treatment, Procedure or Surgery:
Basilar skull w/ upper 6's

Diagnosis: **Dysphagia**

ICD-9 code:

You must include copies of pertinent reports such as lab results, ray interpretations and specialty consult reports with this form.

☐ Pertinent Documents have been attached and filed.

History of illness/injury/symptoms with Date of Onset:

Inmate is dysphagic to solids

Results of a complaint directed physical examination:

Dysphagic w/ loss

Previous treatment and response (including medications):

Zafac

For security and safety, please do not inform patient of possible follow-up appointments

UM DETERMINATION:

- ☐ Alternative Treatment Plan (explain here):
- ☐ More Information Requested: (See Attached)
- ☐ Resubmitted with requested information.

☒ Office Service Recommended and Authorized

Date resubmitted:

Regional Medical Director Signature, printed name and date required:

[Signature] 3/28/07

Do not write below this line. For Case Manager and Corporate Data Entry ONLY.

Case Type: **INC** **XR**CPT code: **74240**UM Auth #: **7069431**

05a - UM Referral Review Form

ID met

BioReference
LABORATORIES

DOCTOR	BULLOCK CORR. FAC. 104 BULLOCK DR. HWY.82 UNION SPRINGS, AL 36089		BOOK/CASE:		
	(A0112-6) Bio-Net Print		-PRELIMINARY-		
NAME ADAMS, ANTHONY		PATIENT I.D. / ROOM NO. 180127.949		DOCTOR / GROUP NAME SIDDIQ, TAHIR	
LAB I.D. NO. 104114144		DATE COLLECTED 03/28/2007 08:59 AM		DATE RECEIVED 03/29/2007 09:44 3	
		DATE OF REPORT 03/29/2007 12:13		AGE 50 Y	SEX M

Test Description	Result	Abnormal	Reference Range
------------------	--------	----------	-----------------

Tests Ordered : HEMOGLOBIN A1C, DIAGNOSTIC PROFILE II, ,

* CHEMISTRY *

Total Protein	7.5		5.9-8.4	gm/dl
Albumin	4.5		3.2-5.2	gm/dl
Globulin	3.0		1.7-3.7	gm/dL
A/G Ratio	1.5		1.1-2.9	
Glucose	77		70-109	mg/dL
Sodium	140		133-145	mmol/L
Potassium	4.3		3.3-5.3	mmol/L
Chloride	105		96-108	mmol/L
CO2	26		21-29	mmol/L
BUN	10		7-25	mg/dl
* Creatinine	1.0		0.6-1.3	mg/dl
BUN/Creat Ratio	10		10-28	
Calcium	9.7		8.4-10.4	mg/dl
Uric Acid	4.2		2.4-7.0	mg/dl
Iron	139		30-160	mcg/dl
Bilirubin, Total	1.0		0.1-1.0	mg/dl
LDH	160		94-250	u/l
Alk Phos	91		39-120	u/l
AST (SGOT)		40 HI	< 37	u/l
Phosphorous	3.8		2.6-4.5	mg/dl
ALT (SGPT)		42 HI	< 40	u/L
G-GTP	34		7-51	u/L
Cholesterol	156		< 200	mg/dl
Triglycerides	76		< 151	mg/dl
HDL CHOL., DIRECT	43		>35	mg/dl
HDL as % of Cholesterol		28		%
Chol/HDL Ratio		3.63		
LDL/HDL Ratio	2.28		0-3.55	
LDL Cholesterol	98		< 100	mg/dL

* GFR, Estimated = 83.73 mL/min/1.73m2

Continued on Next Page

Page: 1



BioReference
LABORATORIES

DOCTOR	BULLOCK CORR. FAC. 104 BULLOCK DR. HWY.82 UNION SPRINGS, AL 36089		BOOK/CASE:	
	(A0112-6) Bio-Net Print		-PRELIMINARY-	
NAME ADAMS, ANTHONY		PATIENT I.D. / ROOM NO. 180127.949		DOCTOR / GROUP NAME SIDDIQ, TAHIR
LAB I.D. NO. 104114144	DATE COLLECTED 03/28/2007 08:59 AM	DATE RECEIVED 03/29/2007 09:44 3	DATE OF REPORT 03/29/2007 12:13 50	AGE Y SEX M

Test Description	Result	Abnormal	Reference Range
------------------	--------	----------	-----------------

 GFR (Glomerular Filtration Rate) calculation utilizes the MDRD formula (Modification of Diet in Renal Disease Study Group) and assumes a normal adult body surface area of 1.73. If the patient is African American multiply result reported by 1.21. (Ref. National Kidney Disease Educa. Program.)

***** Male/Female reference range: >60 mL/min/1.73 m2 *****

Note: A calculated GFR of <60 mL suggests chronic kidney disease, but only if found consistently over at least 3 months. A calculated result of <15 mL is consistent with renal failure.

-----* HEMATOLOGY *

WBC	4.4	3.40-11.80	x10(3)
RBC	5.0	4.20-5.90	x10(6)
HGB	14.7	12.3-17.0	gm/dl
HCT	45.9	39.3-52.5	%
MCV	92.0	80.0-100.0	FL
MCH	29.5	25.0-34.1	pg
MCHC	32.0	30.0-35.0	gm/dl
RDW	12.7	10.9-16.9	%
POLYS	47	36-78	%
LYMPHS	40	12-48	%
EOS	3	0-8	%
BASOS	1	0-2	%
MONOS	9	0-13	%
Platelet Count	251	144-400	x10(3)

-----* MISCELLANEOUS *

TSH	1.590	0.27-4.2 uIU/mL
THYROXINE (T4)	TO FOLLOW	4.5-12.0 ug/dL
T3 UPTAKE	TO FOLLOW	24.3-39 %
HGB. A1c(glycoHgb)	TO FOLLOW	< 6.0%

Partial Report

Page: 2



BioReference
LABORATORIES

D O C T O R	BULLOCK CORR. FAC. 104 BULLOCK DR. HWY.82 UNION SPRINGS, AL 36089		BOOK/CASE:	
	(A0112-6) Bio-Net Print		-FINAL- Original Report 03/29/2007	
NAME ADAMS, ANTHONY		PATIENT I.D. / ROOM NO. 180127.949		DOCTOR / GROUP NAME SIDDIQ, TAHIR
LAB I.D. NO. 104114144	DATE COLLECTED 03/28/2007 08:59 AM	DATE RECEIVED 03/29/2007 09:44	DATE OF REPORT 3/30/2007 05:30	AGE 50 Y SEX M

Test Description	Result	Abnormal	Reference Range
------------------	--------	----------	-----------------

Tests Ordered : HEMOGLOBIN A1C, DIAGNOSTIC PROFILE II, ,

-----* CHEMISTRY *-----

Total Protein	7.5		5.9-8.4	gm/dl
Albumin	4.5		3.2-5.2	gm/dl
Globulin	3.0		1.7-3.7	gm/dL
A/G Ratio	1.5		1.1-2.9	
Glucose	77		70-109	mg/dL
Sodium	140		133-145	mmol/L
Potassium	4.3		3.3-5.3	mmol/L
Chloride	105		96-108	mmol/L
CO2	26		21-29	mmol/L
BUN	10		7-25	mg/dl
* Creatinine	1.0		0.6-1.3	mg/dl
BUN/Creat Ratio	10		10-28	
Calcium	9.7		8.4-10.4	mg/dl
Uric Acid	4.2		2.4-7.0	mg/dl
Iron	139		30-160	mcg/dl
Bilirubin, Total	1.0		0.1-1.0	mg/dl
LDH	160		94-250	u/l
Alk Phos	91		39-120	u/l
AST (SGOT)		40 HI	< 37	u/l
Phosphorous	3.8		2.6-4.5	mg/dl
ALT (SGPT)		42 HI	< 40	u/L
G-GTP	34		7-51	u/L
Cholesterol	156		< 200	mg/dl
Triglycerides	76		< 151	mg/dl
HDL CHOL., DIRECT	43		>35	mg/dl
HDL as % of Cholesterol		28		%
Chol/HDL Ratio		3.63		
LDL/HDL Ratio	2.28		0-3.55	
LDL Cholesterol	98		< 100	mg/dL

* GFR, Estimated = 83.73 mL/min/1.73m2

Continued on Next Page

Page: 1



BioReference
LABORATORIES

D O C T O R	BULLOCK CORR. FAC. 104 BULLOCK DR. HWY.82 UNION SPRINGS, AL 36089		BOOK/CASE:	
	(A0112-6) Bio-Net Print		-FINAL- Original Report 03/29/2007	
NAME ADAMS, ANTHONY		PATIENT I.D. / ROOM NO. 180127.949		DOCTOR / GROUP NAME SIDDIQ, TAHIR
LAB I.D. NO.	104114144	DATE COLLECTED	03/28/2007 08:59 AM	DATE RECEIVED
			03/29/2007 09:44	3/30/2007 05:30
				AGE 50 Y SEX M

Test Description	Result	Abnormal	Reference Range
------------------	--------	----------	-----------------

GFR (Glomerular Filtration Rate) calculation utilizes the MDRD formula (Modification of Diet in Renal Disease Study Group) and assumes a normal adult body surface area of 1.73. If the patient is African American multiply result reported by 1.21. (Ref. National Kidney Disease Educa. Program.)

***** Male/Female reference range: >60 mL/min/1.73 m2 *****

Note: A calculated GFR of <60 mL suggests chronic kidney disease, but only if found consistently over at least 3 months. A calculated result of <15 mL is consistent with renal failure.

-----* HEMATOLOGY *

WBC	4.4	3.40-11.80	x10(3)
RBC	5.0	4.20-5.90	x10(6)
HGB	14.7	12.3-17.0	gm/dl
HCT	45.9	39.3-52.5	%
MCV	92.0	80.0-100.0	FL
MCH	29.5	25.0-34.1	pg
MCHC	32.0	30.0-35.0	gm/dl
RDW	12.7	10.9-16.9	%
POLYS	47	36-78	%
LYMPHS	40	12-48	%
EOS	3	0-8	%
BASOS	1	0-2	%
MONOS	9	0-13	%
Platelet Count	251	144-400	x10(3)

-----* MISCELLANEOUS *

TSH	1.590	0.27-4.2 uIU/mL
THYROXINE (T4)	9.4	4.5-12.0 ug/dL
T3 UPTAKE	24.7	24.3-39 %
FREE T4 INDEX	2.3	1.1-4.5
HGB. A1c (glycohgb)	5.3	< 6.0%

HEMOGLOBIN A1c RANGES (%)

< 6.0%
< 7.0%
> 8.0%

GLUCOSE CONTROL INDEX

Non-Diabetic Level

Diabetic Control

Additional action suggested

Final Report

Page: 2



PATIENT CONSENT AND AUTHORIZATION FOR DENTAL TREATMENT

Patient Name: Anthony Adams BCDC#: 180127

1. I agree to having dental X-Rays taken of my teeth and jaws in order to determine my dental problems.
2. I have had a treatment plan explained to me, including alternatives or the recommendation of no treatment.
3. I consent to the use of local anesthetics or other medications and that there may be side effects, including allergic reactions and this has been explained to me.
4. I have had the opportunity to ask questions which have been answered to my satisfaction.
5. I understand there is no guarantee of success or permanence of the treatment.

Anthony Adams
Patient's Signature

8-29-06
Date

El-Ciel Burnett D.D.S.
Dentist's Signature

8/29/06
Date

Name Adams Anthony

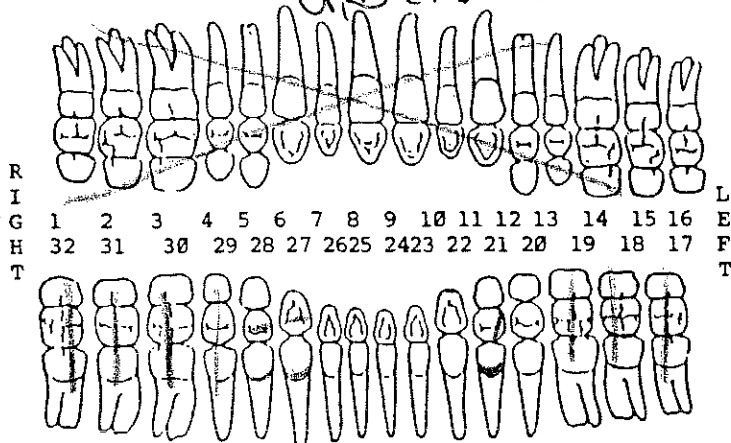
BCDC # 180127 DATE OF EXAM 5/12/06

Classification	1	2	3	4
----------------	---	---	---	---

Treatment Needed

Completed

Adventure

[illegible]

Existing Prosthesis Yes _____ P/P C/C
 No _____

Periodontal Classification 1 2 3 4
Oral Hygiene Annual dental exam
Soft Tissue

Check "yes" or "no" to any of the conditions below that you have or have had.

Check "yes" or "no" to any of the conditions below that you have or have had.			DENTIST'S NOTES
	YES	NO	
HIV		✓	
Allergies		✓	
Anemia		✓	
Asthma or other respiratory problems		✓	
Blood pressure conditions		✓	
Diabetes		✓	
Epilepsy		✓	
Excessive bleeding after surgery		✓	
Fainting	✓	✓	
Are you in good health	✓		
Gastrointestinal disorders	✓		
Heart Disease or murmur	✓		
Hepatitis	✓	✓	
Kidney problems		✓	
Reactions to anesthetics or medications		✓	
Rheumatic fever		✓	
Taking any medication		✓	
Thyroid conditions		✓	
Tuberculosis		✓	
Are you pregnant	✓	✓	
Other conditions		✓	

I, the undersigned, have checked the above conditions and consent to necessary dental treatment.

ANTHONY ADAMS
Patient's Signature

Date _____



PATIENT CONSENT AND AUTHORIZATION FOR DENTAL TREATMENT

Patient Name: Adams Anthony BCDC#: 180127

1. I agree to having dental X-Rays taken of my teeth and jaws in order to determine my dental problems.
2. I have had a treatment plan explained to me, including alternatives or the recommendation of no treatment.
3. I consent to the use of local anesthetics or other medications and that there may be side effects, including allergic reactions and this has been explained to me.
4. I have had the opportunity to ask questions which have been answered to my satisfaction.
5. I understand there is no guarantee of success or permanence of the treatment.

Anthony Adams
Patient's Signature

5-12-06
Date

R. J. [Signature]
Dentist's Signature

5/12/06
Date

DENTAL RECORD TREATMENT

Services Rendered

[illegible]

PATIENT LAST NAME	FIRST	MIDDLE	DOB	R/S	ID NO.
Adams	Anthony		4/5/56	B/m	180127

RHS MD-70022

Name: Adams, Anthony

Date of Birth: 4/3/56

Medication Allergies: (HALLOW)

Mental Health Code: SMI HARM HIST NONE Date Code Assigned: _____

Code: SMI HARM HSI NONE Date 0000-00-00
(Changes in Mental Health Code should be identified on the Problem List)

[illegible]

ALDOC Form 453-01

Alaphcare

Tuberculin PPD for Inmates

Initial Skin Test

Date Given: 6-10-03 Date Read: 6-12-03
 Site Given: LFA Size: 0 mm
 Lot#: 4525 6261
 Nurse: M. Jackson Lpn Nurse: Martha Jackson Lpn

I have received a fact sheet on TB and have had the opportunity to have my questions answered. I agreed to TB testing by PPD. I understand the PPD must be read 72 hours after being administered. I have never had a positive reaction to a TB skin test, nor have I ever been treated with TB drugs. I have also been instructed to check with my regular physician or the public health department if I am released prior to the TB test being read.

Anthony Adams
 Inmate Signature

6-10-03
 Date

Martha Jackson Lpn
 Witness Signature

6-10-03
 Date

Inmate Name:	ID#:	Race:	Location:
<u>Adams, Anthony</u>	<u>180127</u>	<u>BLK</u>	<u>Bullock</u>

TB CLINICAL RECORD

Clinic: ☐ Outpatient ☐ Regular chest☐ First X-ray ☐ Re-X-rayDate of X-Ray 5/14/04X-ray No 014

Occupations: Present

Past

PHALCON LABEL			
Name	<u>Adams, Anthony</u>	CHR #	
SSN	<u>180127</u>	Race	DOB
Med#		Sex	Date
Address		Phone	

Personal Physician(s)

EVALUATION: (If contact; Name of index case, why TB tested, who referred and why.)

CURRENT SYMPTOMS & MEDICAL HISTORY:

Loss of appetite: YES/NO Weight loss: YES/NO Fever: YES/NO Chest pain: YES/NO Night sweats: YES/NOHoarseness: YES/NO Liver disease: YES/NO Fatigue: YES/NO Dyspnea: YES/NOSmoker: YES/NO — Packs per day _____ Number of years Stopped 10 yr agoAlcohol use: YES/NO — Quantity: _____ Frequency _____Allergies: YES/NO — To what: HaldolProductive cough: YES/NO

Sputum production: Color: _____ Consistency _____ Amount per day: _____ Hemoptysis: _____

Specimen collected today: YES/NOOther symptoms: IRR. Heart BeatRegular periods? YES/NO LMP: _____ Pregnant? YES/NO Contraception method: _____ HIV status: _____Present weight: _____ Usual weight: 144 Height: _____ANTI-TUBERCULOSIS CHEMOTHERAPY PAST & PRESENT: (Specify drugs & dates) NoneOther medications: Zantac

BACTERIOLOGICAL STATUS:

Last neg smear: _____ (aerosol _____ spontaneous _____)

Last neg cul: _____ (aerosol _____ spontaneous _____ other _____)

Last pos smear: _____ (aerosol _____ spontaneous _____)

Last pos cul: _____ (aerosol _____ spontaneous _____ other _____)

Susceptibility Studies:

Date: _____

Sensitive to all drugs: YES/NO

Resistant to: _____

MANTOUX SKIN TEST: Date: 5/11/04 Result: (mm of induration): 11mmOther skin tests: Prior positive 1995 or 96Signature: Racine Waddell RN Date: 5/14/04

FILM INTERPRETATION:

5-14-04

probable nodule @ apex. ? cavitated

STATUS: (Please circle one) NORMAL/ABNORMAL -If abnormal, please circle one: Cavitory-Noncavitory-Stable-Worsening-Improving

DIAGNOSES: (According to diagnostic standards)

RECOMMENDATIONS:

AFB ≈ 3

Rx confirmed 176 doses

Get apical lordotic film.

Re-evaluate - would begin therapy 1 & EMA + BL
if while waiting.

KHAN

M.D.

Date: 5-19-04

PRISON
HEALTH
SERVICES
INCORPORATED

DEPARTMENT OF CORRECTIONS

NOTIFICATION OF NEXT OF KIN

In the event of a serious injury or illness, I request the following person be notified:

Name Sharon Adams Relationship Sister

Street Address 8237 Magnolia Village Drive North Phone Number (251) 776-6276

City Mobile State Ala. Zip Code 36695

Inmate Signature

Doc#

S.S.#

Date

Anthony Adams180127419-84-91656-10-05Witness J. J. Albert, RNDate 6-10-05

INMATE NAME (LAST, FIRST, MIDDLE)

DOC#

DOB

RACE/SEX

FAC.

Adams, Anthony1801274-5-56B/MBullock

U/A DIPSTICK REPORT

Name: Adams, Anthony AIS# 180127 R/S B/MDOB: 4-5-56 AGE: 49 yrsCollection Date: 1900/6-10-05 TIME 1900Annual Physical ☒ Random ☐ Repeat ☐ Daily ☐After Rx. Completion ☐ Chronic Care Clinic Porotocal ☐Urine Appearance: Color lt yellow Clarity: clear Odor: ØSpecific Gravity: 1.015PH: 7LEUKOCYTES: NegNITRATE: NegPROTEIN: NegGLUCOSE: NegKEYTONES: NegUROBILINOGEN: NegBILIRUBIN: NegBLOOD: Neg HEMOGLOBIN: WNL: ABNORMAL OBTAINING NURSE'S SIGNATURE: [Signature] 6-10-05
DateREVIEWING PHYSICIAN's Signature: [Signature] 7/8
Date

NAPHCARE
Annual Health and TB Screening for Inmates

Facility Bullock
 Date Given: CXR Date Read —
 Site Given: INH In past Size in M.M. —
 Lot# —
 Nurse State Dept Nurse State Dept.

Note: Past Positives and conversions, use Assessment of Tuberculin status for PPD reactors form in addition to completing the bottom of this form.

I have received a fact sheet on TB and have had the opportunity to have my questions answered. I agreed to testing by PPD. I understand the PPD must be read 72 hours after being administered. I have never had a positive reaction to a TB skin test, nor have I ever been treated with TB drugs. I have also been instructed to check with my regular physician or the public health department if I am released prior to the TB test being read.

Current Weight 147 Previous Weight 150 B/P 116/80

circle

Recent chest pain Yes or NO 70 inches
 Kitchen clearance assess. done and attached Yes or NO
 Productive cough Yes or NO
 Any bleeding Yes or NO

Emergency contact Sharon Adams Phone# 334-414-3101

Address 3920 Berwyn Drive South Apt. #178
Mobile, AL

Inmate signature Anthony Adams Date 6-3-02

Witness signature Matthew Jackson Date 6-3-02

DOB 4-5-56 AGE 46 Race Blk SEX male SSN 419-84-9165

Inmate Name Adams, Anthony AIS# 180127

Alabama Department of Public Health
TB Division
RSA Tower/201 Monroe Street
Montgomery, Alabama 36130-3017

TB

Skin Test Report

County Code <u>12</u>		Target Testing <input checked="" type="checkbox"/>	PROJECT <u>0401</u>	CHR# <u>A15180127</u>
Last Name <u>Adams</u>				
First Name <u>Anthony</u>				
Patient Home Address <u>Bulllock</u>				
City <u>Union Springs</u>				
State <u>AT</u>	Zip Code <u></u>	Home Phone <u></u> - <u></u> - <u></u>		
SSN: <u></u> - <u></u> - <u></u>		SEX: <input checked="" type="radio"/> M <input type="radio"/> F		Test Administered By: <input checked="" type="radio"/> TB Staff <input type="radio"/> PH Nurse <input type="radio"/> Other
Date of Birth: <u>04</u> - <u>05</u> - <u>1956</u>		Site Test: <input type="radio"/> Health Department <input checked="" type="radio"/> Other		
Race: <input type="radio"/> W <input checked="" type="radio"/> B <input type="radio"/> AI <input type="radio"/> A <input type="radio"/> AN <input type="radio"/> H/PI <input type="radio"/> O		ETHNICITY: Hispanic or Latino: <input type="radio"/> YES <input checked="" type="radio"/> NO		
Reason Tested: <input type="radio"/> Health Care Worker <input type="radio"/> Medical Risk <input type="radio"/> Shelter <input type="radio"/> Student <input type="radio"/> Occupational		<input type="radio"/> Foreign Born <input type="radio"/> Homeless <input checked="" type="radio"/> Jail/Prison <input type="radio"/> Not at Risk		Risk Categories: <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C
Contact to Case/Suspect: <input type="radio"/> YES <input type="radio"/> NO				
PPD ONE: Provider#: <u></u> Lot#: <u></u> Date of Test: <u>05</u> - <u>11</u> - <u>2004</u> Antigen: <input checked="" type="radio"/> AP <input type="radio"/> TU		PPD TWO: Provider#: <u></u> Lot#: <u></u> Date of Test: <u>07</u> - <u>27</u> - <u>2004</u> Antigen: <input type="radio"/> AP <input type="radio"/> TU		
Provider#: <u></u> Date Read: <u>05</u> - <u>14</u> - <u>2004</u> Result: <u>11</u> mm <input type="radio"/> Not Read		Provider#: <u></u> Date Read: <u>07</u> - <u>30</u> - <u>2004</u> Result: <u>00</u> mm <input type="radio"/> Not Read		

Race codes: W-White; B-Black; AI - American Indian; A-Asian; AN - Alaskan Native; H/PI-Hawaiian/Pacific Islander; O-Other

ADPH-TB - 26/REV-12-2002



PRISON HEALTH SERVICES, INC.

YEARLY HEALTH EVALUATION

I. HISTORY - (LPN or RN)	YES	NO	COMMENT(S)
Weight Change (greater 15 lbs.) (Compare Weight Below)		✓	Last weight at least 6 months ago
Persistent Cough		✓	
Chest Pain		✓	
Blood in Urine or Stool		✓	
Difficult Urination		✓	
Other Illnesses (Details)		✓	
Smoke, Dip or Chew		✓	
ALLERGIES		✓	Haldol

HT 5'-10" (IN) Weight 141# Temp 97.6 Pulse 70 Resp 20 Blood Pressure 108/60 O2 Sat 98%
 Eye Exam: 20/20 OD 20/20 OS 20/20 OU
 If greater than > 140/90, repeat in 1 hour.
 Refer to M.D. if remains > 140/90.

II. TESTING - (LPN or RN)	RESULTS
Tuberculin Skin Test (q yr)	Date given <u>+ PPD</u> Site _____ Read on _____ Results _____ mm
Past Positive TB Skin Test →	Survey Completed
(Chest x-ray if clinical symptoms) <u>6-15-2005</u>	Date <u>6-15-05</u> Results _____
RPR (q 3 yrs)	Date <u>6-14-05</u> Results <u>NR</u>
EKG (baseline at 35, over 45 q 3 yrs)	<u>6-15-05</u>
Cholesterol (at 35 then q 5 yrs)	<u>7-21-2004</u>
Tetanus/Diphtheria (q 10 yrs) (if done today)	Last Given <u>6-10-05</u> Due <u>6-10-2015</u> Site given <u>Rt Arm</u> Dose <u>0.5cc</u> Lot # <u>U1351A A</u>
Optometry Exam (@ 50 if not already seen)	
Mammogram (females @ 40, q 2 yrs/other M.D. order)	Date _____ Results _____

III. PHYSICAL RESULTS - (RN, Mid-Level, M.D.)

Heart
 Lungs
 Breast Exam
 Rectal (yearly after 45)
 with Hemocult
 Pelvic and PAP (q 1 yr)

WNL
Clear to auscultation
WNL
 Results _____
 Results _____
 Date _____ Results _____

Facility Bullock Nurse Signature [Signature] RN Date 6-10-05

M.D. or Mid-Level Signature [Signature] Date _____

INMATE NAME

AIS#

D.O.B.

RACE/SEX

Adams, Anthony 180127

4-5-56

B/M



DEPARTMENT OF CORRECTIONS

KITCHEN CLEARANCE
PHYSICAL ASSESMENT

	YES	NO
ANY OPEN SORES OR RASHES ON HANDS, ARMS, FACE & NECK	_____	_____ ✓
TB TEST CURRENT	_____	_____ ✓ Chest x ray 7/04 cleared
DOES PT. SHOW ANY OBVIOUS SIGNS OF ANY OTHER DISEASE	_____	_____ ✓

OTHER: okay to work in kitchen

THIS PATIENT HAS BEEN INFORMED OF THE NEED FOR THE FOLLOWING:

PROPER HANDWASHING, NOT TO HANDLE FOOD WHILE SICK, SEEK MEDICAL
EVALUATION WHEN NECESSARY AND TO NOTIFY THE DIETARY SERVICES SHIFT
SUPERVISOR OF ANY ILLNESS.

MEDICAL AUTHORITY: [Signature] DATE: 11/22/04

I attest that the above statement is true to the best of my knowledge.

PATIENT SIGNATURE: ANTHONY ADAMS DATE: 11/22/04EXPIRATION DATE: 12/22/04

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	Race/Sex	FAC.
Adams, Anthony	180127	4/5/56	BM	BCCF

PSYCHOLOGICAL INTERVIEW / DATA ENTRY FORM

Name: ADAMS, RUTHONY L. AIS #: 180127 R/S: B/M
 Date: 8 / 24 / 95 DOB: 4 / 5 / 56 AGE: 39
 Beta II: 79 WAIS: 100 WRAT-RL: 16.8 Last School Grade Completed: 12
 MMPI Welsh Code: 2-497801/563 Megargee Type: L'F-K

General Appearance

- (NO PSI)
- ☐ a. Neat and generally appropriate ☐ c. Flat or avoiding interaction
☐ b. Poorly groomed ☐ d. Sad or worried
☒ e. Other: NOTICEABLE MOTOR AND VOCAL TIC

I. Interpersonal Functioning

- ☒ a. Normal-good relationships likely ☐ d. Lacks skill or confidence
☐ b. Withdrawn / apparent loner ☐ e. Probably difficult to get along with
☐ c. Likely to ignore rights / needs *Other (Specify) 1. 2.
☐ 3. ☐ 4. ☐ 5. ☐ 6. (See Copy)

II. Personality

- ☐ a. Healthy ☐ d. Explosive
☐ b. Antisocial ☐ e. Dependent
☐ c. Paranoid ☐ f. Passive-Aggressive
 Other (Specify): ☐ 1. Schizoid ☐ 2. Schizotypal ☐ 3. Histrionic ☐ 4. Narcissistic
☐ 5. Borderline ☐ 6. Avoidant ☐ 7. Compulsive ☐ 8. Atypical/mixed
☒ 9. See Copy (Write in your wording) DEFERRED

III. Substance Abuse

- ☒ a. Alcohol addiction / (abuse history) CLAIMS TO HAVE HAD PAST HISTORY OF CONSUMING UP TO SIX BOTTLES OF WINE / DAY BEFORE
☐ b. Drug addiction / abuse history HE CLAIMS TO HAVE SLOWED TO A FEW BEERS IN 1993. "I HAVE CIRRHOSIS OF THE LIVER AND I HAD TO QUIT."

N-259

White to Central Records File
 Yellow to Institutional File
 Pink to Hospital Records

*See manual for selections and numbers for "other"

ESTABLISHED PSYCHOLOGICAL INTERVIEW / DATA ENTRY FORM

Name: ADAMS, RANTHONY L. AIS #: 180127 R/S: B/M
 Date: 8, 24, 95 DOB: 4, 5, 56 AGE: 39
 Beta II 79 WAIS 1 WRAT-RL 6.8 Last School Grade Completed 12
 MMPI Welsh Code 2-497801/563: Megargee Type L'-F-A:

General Appearance

- (NO PSI)
- ___ a. Neat and generally appropriate ___ c. Flat or avoiding interaction
 ___ b. Poorly groomed ___ d. Sad or worried
X e. Other NOTICEABLE MOTOR AND VOCAL TIC

I. Interpersonal Functioning

- X ___ a. Normal-good relationships likely ___ d. Lacks skill or confidence
 ___ b. Withdrawn / apparent loner ___ e. Probably difficult to get along with
 ___ c. Likely to ignore rights / needs *Other (Specify) ___ 1. ___ 2.
 ___ 3. ___ 4. ___ 5. ___ 6. (See Copy)

II. Personality

- ___ a. Healthy ___ d. Explosive
 ___ b. Antisocial ___ e. Dependent
 ___ c. Paranoid ___ f. Passive-Aggressive
 Other (Specify): ___ 1. Schizoid ___ 2. Schizotypal ___ 3. Histrionic ___ 4. Narcissistic
 ___ 5. Borderline ___ 6. Avoidant ___ 7. Compulsive ___ 8. Atypical/mixed
X 9. See Copy (Write in your wording) DEFERRED

III. Substance Abuse

- X a. Alcohol addiction / (abuse history) CLAIMS TO HAVE HAD
PAST HISTORY OF CONSUMING UP TO
SIX BOTTLES OF WINE / DAY BEFORE
 ___ b. Drug addiction / abuse history HE CLAIMS TO HAVE DRUNK
TO A FEW BEERS IN 1993.
"I HAVE CIRRHOSIS OF THE
LIVER AND I HAD TO QUIT."

N-259

White to Central Records File
 Yellow to Institutional File
 Pink to Hospital Records

*See manual for selections and numbers for "other"

CORRECTIONAL MEDICAL SERVICES

INTERDISCIPLINARY PROGRESS NOTES

Patient
Name _____

I.D. # _____

Institution _____

DATE	TIME	NOTES	SIGNATURE
11/15/94		<p>Pt. presents 2 much pressure to get his BLANK. He wants a tie this m - No apparent disc - No Throat disc</p> <p>Pt. is out on 1st. He wants smelly to help his nerves & keep his story real not make</p>	
		A/f 10 c/c	
10/16/05		<p>5) Routine Exam found -</p> <p>NO eyes & disorder</p> <p>o) no signs of med or thought disorder</p> <p>A) no eyes</p> <p>B) BTE P.M.</p>	

Psychological Interview / Data Entry Form
Page Two

- _____ c. Current use _____
- _____ d. Current addiction _____
- *Other _____ 1. _____ 2. _____ 3. _____ 4. _____ 5. 4K 6. _____ 7. _____ 8. _____

IV. Emotional Status

- _____ a. No significant problems
- _____ b. Depressed
- 4K c. Anxious or stressful ADMITTS TO HISTORY OF
HYPERTENSION
- _____ d. Angry or resentful
- _____ e. Confusion or psychotic symptoms
- _____ f. Mood disturbances
- 4K g. Sexual maladjustment VICTIM MURDERED AND
RAPED - HE DENIED BOTH CHARGES.
- _____ h. Paranoid ideation ADMITTS TO HAVING HAD SEX
W/ WFR THE DAY OF THE CRIME
- _____ i. Sleep / appetite disorder

- *Other _____ 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. 1 7. _____ 8. _____

- 4K 9. (See Copy) (1) SUSPECT TOURETTE'S DISORDER
(2) ADMISSION TO SEARCH IN LATE EIGHTIES
MAY HAVE INCLUDED SOME DRUG INDUCED PSYCHOSIS
TOWARD, NO SIGNS OF ~~EXTRA~~ PSYCHOSIS.

V. Mental Deficiency

- _____ a. Mild
- _____ b. Moderate
- _____ c. Severe
- 4K d. Borderline
- 4K e. Organic impairment suspected
- _____ f. Memory deficit

Remarks: _____

ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES
TREATMENT PLAN: RESIDENTIAL TREATMENT UNIT

Treatment Plan Initiated on: 08.23.01 Treatment Coordinator: Sammons S
Institution: Bullpen CF Admitted to RTU on: _____
Level Currently Assigned: 3

DSM IV Diagnosis:

Axis I: None (Schizophrenia by Hx, not verified)Axis II: DepressedAxis III: NoneAxis IV: PrisonAxis V: 50

Problem #1	<u>NO MT - No Tx Plan needed</u>		
Goal:			
Target Date for Resolution:			
Intervention(s):			
Staff Member(s) Responsible:			Frequency: <u>X</u>

Problem #2			
Goal:			
Target Date for Resolution:			
Intervention(s):			
Staff Member(s) Responsible:			Frequency:

Problem #3			
Goal:			
Target Date for Resolution:			
Intervention(s):			
Staff Member(s) Responsible:			Frequency:

Second Page attached: Yes ☐ No ☒

Psychiatrist: _____ Treatment Coordinator: Sammons S
Mental Health Nurse: _____ Activities Tech: _____
Correctional Officer Present: Yes ☐ No ☒

Inmate Agreement: X Anthony Adams Date: 08.23.01
Treatment Plan Review to be Conducted by: Sammons S (Level 1: weekly; Level 2: bi-weekly; Level 3 & 4: _____)

Inmate Name <u>Adams Anthony</u>	AIS # <u>180127</u>
-------------------------------------	------------------------

W-9 BCF

KILBY

MENTAL HEALTH SERVICE REFERRAL FORM

PATIENT Adams, Anthony I.D.# 180127 PATIENT'S FACILITY _____
 REFERRING PERSON Sanders DATE 8-24-85 REF. TAKEN BY C. LOPEZ RN
 M.H. SUPERVISOR

REASON FOR REFERRAL

Refer to counseling

Received 8/30/95

THERAPIST P. Wilson, M.S. DATE OF EVAL. 8/30/95 TREATMENT FACILITY KCF

IMPRESSIONS

Please see evaluation

Please refer back in 3 weeks

Transferred

DISPOSITION

CORRECTIONAL MEDICAL SERVICES MENTAL HEALTH SERVICES

ABNORMAL INVOLUNTARY MOVEMENT SCALE (MODIFIED)

INVOLUNTARY MOVEMENT RATINGS: Rate highest severity observed. Rate movements that occur upon activation one less than those observed spontaneously.

CODE: 0-No involuntary movement
1-Minimal, may be extreme
2-Mild
3-Moderate
4-Severe

DATE: 07/07/07

PHYSICIAN EXAMINER: [Signature]

Do one every six months. File in medical records under other documents tab.

		(CIRCLE ONE)
FACIAL AND ORAL MOVEMENTS	MUSCLES OF FACIAL EXPRESSION: Movements of eyebrows, periorbital area, cheeks; include frowning, blinking, smiling, grimacing	0 1 2 <u>3</u> 4
	LIPS AND PERIORAL AREA: puckering, pouting, smacking	0 <u>1</u> 2 3 4
	JAW: biting, clenching, chewing, mouth opening, lateral movement	<u>0</u> 1 2 3 4
	TONGUE: rate only increases in movement both in and out of mouth NOT inability to sustain movement	<u>0</u> 1 2 3 4
EXTREMITY MOVEMENTS	UPPER (arms, wrists, hands, fingers): include choreic movements (rapid, objectively, purposeless, irregular, comple, serpentine). DO NOT INCLUDE tremor (repetitive, regular rhythmic).	<u>0</u> 1 2 3 4
	LOWER (legs, knees, ankles, toes): lateral knee movement, foot tapping, heel dropping, foot squirming, inversion and eversion of foot.	<u>0</u> 1 2 3 4
TRUNK MOVEMENTS	NECK, SHOULDERS, HIPS: rocking, twisting, squirming, pelvic gyrations	<u>0</u> 1 2 3 4
GLOBAL JUDGEMENTS	SEVERITY OF ABNORMAL MOVEMENTS	0 1 <u>2</u> 3 4
	INCAPACITATION DUE TO ABNORMAL MOVEMENTS	<u>0</u> 1 2 3 4
	PATIENT'S AWARENESS OF ABNORMAL	No awareness <u>0</u> Aware, no distress 1 Aware, mild distress 2 Aware, mod. distress 3 Aware, severe distress 4
DENTAL STATUS	CURRENT PROBLEMS WITH TEETH AND / OR DENTURES	<u>NO</u> 0 YES 1
	DOES PATIENT USUALLY WEAR DENTURES?	<u>NO</u> 0 YES 1

NAME:

ID #:

LOCATION:

DOB:

Adams, Anthony

180127

BCC F

04/05/56

INTERDISCIPLINARY PROGRESS NOTES

DATE	TIME	NOTES	SIGNATURE
10-08-03		Treatment Team Mtg & inmate Axis I dementia r/t ETOH, Tardive dyskinesia Axis II deferred Axis III gastric ulcer, GERD, irregular heartbeat Axis IV incarceration Axis V GAF 35 Change code to [SMI], leave on fault MWH/BCP down	
10/8/03		MHP & Inmate met & treatment to develop treatment plan. MHP to follow-up & inmate — B. Tell, ms	
10/22/03		Inmate didn't appear for appoint. ment as called. MHP to attempt again & will note absent — B. Tell, ms	
11/19/03		Inmate & MHP developed tx plan to include education & participation in groups — B. Tell, ms	
12/22/03		Inmate failed appear. Will review & Supervisor about discharge — B. Tell, ms	

Patient's Name, (Last, First, Middle)	AIS#	Age	R/S	Facility
Adams, Anthony	180127	47	BM	BCCF

Psychiatric History:

1987 Sercy - diagnosed as Schizophrenia

Substance Abuse/Treatment History:

Cocaine abuse, Prozac - 1987 Sercy - 16 days, 4 mo, 22 days program diagnosed as Schizophrenia, Alcohol abuse,

Family Situation:

Father - age 73 - brain damage

Sister - age 36 diagnosed as Schizophrenia.

Employment Situation:

Disability

Educational Background:

Completed 12th grade

Current Psychotropic Medication:

Thioridazine, '88/

Current Mental Status:

Thought: unremarkable

Speech: unremarkable

Behavior: appropriate

Mood: calm, responsive

Appearance: appropriate

Affect: broad

Hallucination: drug induced H₂O₂ hallucination

Oriented to person, place, situation.

Level of Cognitive Functioning: HIGH AVERAGE BORDERLINE LIMITED

Refer for Cognitive Functioning Evaluation: YES NO

1. History of sex offenses	YES	NO	Comments: Older head injury/possible seizure.
2. History of expressively violent behavior	YES	NO	
3. History of victimization due to criminal violence	YES	NO	
4. History of cerebral trauma or seizures	YES	NO	
5. History of suicidal ideation or behavior	YES	NO	

CLINICAL IMPRESSION:

Previously Hx of Schizophrenia in remission

Substance Abuse.

Anxiety Attack provisional - c/o extreme nervousness w/ increase heart beats.

TREATMENT PLAN:

HOUSING RECOMMENDATION: GENERAL POPULATION OTHER

PSYCHIATRIC REFERRAL: YES NO MENTAL HEALTH REFERRAL: YES NO

TREATMENT RECOMMENDATIONS:

Refer to psychiatrist
Follow up biweekly.

EVALUATED BY:

L. Wilson, M.S.

DATE:

8/30/95

TIME:

INMATE NAME:	ID#:	RACE:	DOB:
Adams, Anthony	180127	B/M	4/5/56

CORRECTIONAL MEDICAL SYSTEMS REFERRAL TO MENTAL HEALTH

INMATE NAME: <i>Adams, Anthony</i>	ID #: <i>180127</i>	LOCATION: <i>Population</i>	DOB: <i>4-5-56</i>
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REASON FOR REFERRAL:

☐ CRISIS INTERVENTION

- ☐ Family problems: _____
☐ Problems with peers: _____
☐ Recent stress: _____
☐ Other: _____

☐ EVALUATION OF MENTAL CONDITION

- | | | |
|---|---------------------------------------|---|
| <input type="checkbox"/> Suicidal | <input type="checkbox"/> Anxious | <input type="checkbox"/> Physical Complaints |
| <input type="checkbox"/> Homicidal | <input type="checkbox"/> Depressed | <input type="checkbox"/> Sleep Disturbance |
| <input type="checkbox"/> Mutilative | <input type="checkbox"/> Withdrawn | <input type="checkbox"/> Hallucinations/Delusions |
| <input type="checkbox"/> Hostile, angry | <input type="checkbox"/> Poor hygiene | <input type="checkbox"/> Suspicious |
| <input type="checkbox"/> Other inappropriate behavior _____ | | |

☐ EVALUATION OF NEED FOR PSYCHIATRIC INTERVENTION

☒ HISTORY OF PSYCHOTROPIC MEDICATION PRIOR TO INTAKE

☐ OTHER _____

COMMENTS: *This inmate is taking Elavil*

Referred by: <i>Dr. Mauney / A. Andrews</i>	Department: <i>Physical Exam</i>	Date: <i>8-18-95</i>
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MENTAL HEALTH FOLLOW-UP: EVALUATION/TREATMENT/DISPOSITION

Pt. Seen by Psych 8/24/95

[Signature]

Follow-up by:	Date:	Time:
---------------	-------	-------

INTERDISCIPLINARY PROGRESS NOTES

DATE	TIME	NOTES	SIGNATURE
2001 38.22	10 ⁵⁰	S - Met w/ inmate on down. O - Appeared to be okay & stated he was O.K. A - Stable. P - w/ do tx plan as ap. E. P. Sammons, M.S.	
2001 18.23	2 ³⁰	S - Met w/ inmate to review case & dev. tx plan O - No evident MI A - Oriented x 3, stable, cooperative P - None @ this time. E. P. Sammons, M.S.	
11-18-01		Follow-up NO problems reported. M. Harris	
12-20-01		Review M. Harris	
1-25-02		Study: A Good plan M. Harris	
10/11/02		Pt. has no cap no path NO mal w/ SMI	

Patient's Name, (Last, First, Middle)	AIS#	Age	R/S	Facility

Dh. Sanders

CORRECTIONAL MEDICAL SERVICES
REFERRAL TO MENTAL HEALTH

INMATE NAME: Adams, Anthony	ID #: 180127	LOCATION: BCI	DOB:
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REASON FOR REFERRAL:

☐ CRISIS INTERVENTION☐ Family problems:☐ Problems with peers:☐ Recent stress:☐ Other:☒ EVALUATION OF MENTAL CONDITION☐ Suicidal☐ Homicidal☐ Mutilative☐ Hostile, angry☒ Other inappropriate behavior☒ Anxious☐ Depressed☐ Withdrawn☐ Poor hygiene☐ Physical Complaints☒ Sleep Disturbance☐ Hallucinations/Delusions☐ Suspicious

Nervous - skin crawling

☐ EVALUATION OF NEED FOR PSYCHIATRIC INTERVENTION☐ HISTORY OF PSYCHOTROPIC MEDICATION PRIOR TO INTAKE☐ OTHER

COMMENTS:

Reports difficulty w/ nerves; skin
crawls; hyperactive; difficulty sleeping. Diagnosed
by Dr. Ferguson in mobile for schizophrenia &
reported irregular heart beat.

Referred by: Lance Anthony	Department: SOC Ser.	Date: 1-9-95
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MENTAL HEALTH FOLLOW-UP: EVALUATION/TREATMENT/DISPOSITION

1/15/96 - wants Remin for his

Nerves. - never been on any else

Follow-up by:	Date:	Time:
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PSYCHOLOGICAL INTERVIEW / DATA ENTRY FORM

Name: ADAMS, ANTHONY L. AIS#: 180127 R/S: B/M
 Date: 8 / 24 / 95 DOB: 4 / 5 / 56 AGE: 39
 Beta II 79 WAIS 1 WRAT-RL 6.8 Last School Grade Completed 12
 MMPI Welsh Code 2-497801/563 Megargee Type L-F-A

General Appearance

- NO PSI
- ☐ a. Neat and generally appropriate ☐ c. Flat or avoiding interaction
☐ b. Poorly groomed ☐ d. Sad or worried
☒ e. Other NOTICEABLE MOTOR AND VOCAL TIC

I. Interpersonal Functioning

- ☒ a. Normal-good relationships likely ☐ d. Lacks skill or confidence
☐ b. Withdrawn / apparent loner ☐ e. Probably difficult to get along with
☐ c. Likely to ignore rights / needs *Other (Specify) 1. 2.
☐ 3. ☐ 4. ☐ 5. ☐ 6. (See Copy)

II. Personality

- ☐ a. Healthy ☐ d. Explosive
☐ b. Antisocial ☐ e. Dependent
☐ c. Paranoid ☐ f. Passive-Aggressive
 Other (Specify): 1. Schizoid 2. Schizotypal 3. Histrionic 4. Narcissistic
☐ 5. Borderline ☐ 6. Avoidant ☐ 7. Compulsive ☐ 8. Atypical/mixed
☒ 9. See Copy (Write in your wording) DEFERRED

III. Substance Abuse

- ☒ a. Alcohol addiction / abuse history CLAIMS TO HAVE HAD PAST HISTORY OF CONSUMING UP TO SIX BOTTLES OF WINE / DAY BEFORE
☐ b. Drug addiction / abuse history HE CLAIMS TO HAVE DRUNK TO A FEW BEERS IN 1993. "I HAVE CIRRHOSIS OF THE LIVER AND I HAD TO QUIT."

N-259

White to Central Records File
 Yellow to Institutional File
 Pink to Hospital Records

*See manual for selections and numbers for "other"

ALABAMA DEPARTMENT OF CORRECTIONS
INMATE ORIENTATION TO MENTAL HEALTH SERVICES

The Alabama Department of Corrections provides the following mental health services:

- Assessment and treatment of mental illness
- Referral to a psychiatrist, if necessary, for medication
- On-going psychiatric treatment
- Group and individual counseling
- Assistance in dealing with stressful problems
 (adjustment to prison, grief and loss, family problems)
- Crisis intervention
- Residential mental health treatment and hospitalization, if necessary

If you wish to speak with mental health staff about routine matters such as scheduling for group or individual counseling, send a Health Services Request form.

In emergency situations or if you have concerns that need to be addressed immediately, contact any correctional officer so that you may receive mental health assistance as soon as possible.

Your participation in mental health services is voluntary except in emergency situations or when you have been provided due process through administrative review.

If you believe the mental health services provided to you are inadequate, you may file an inmate grievance.

Information about the mental health services provided to you is confidential except in the situations when mental health staff believe that you may be:

- Suicidal
- Homicidal
- Presenting a clear danger of injury to self or others
- Presenting a reasonably clear risk of escape or creation of institutional disorder
- Receiving psychotropic medication
- Requiring movement to a special unit or cell for observation and treatment
- Requiring transfer to a psychiatric hospital outside of the prison
- Requiring a new program assignment for mental health reasons

Mental health staff have a legal duty to report to appropriate authorities any unreported suspected abuse or neglect of a child.

Mental health and medical staff will have access to your mental health records when completing their duties. The following persons may have access to your mental health records on a need to know basis:

- Warden of the institution or designee
- Internal investigative staff and legal counsel working with the ADOC
- Departmental and accrediting audit staff
- Persons authorized by a court order or judgment

All other persons or agencies require an authorization for release of information signed by you before gaining access to your mental health records.

The information on this form has been explained to me and I have received a copy of this information for my future reference.

Anthony Adams
 Inmate Signature

180127
 AIS Number

9-12-07
 Date Signed

Hepatitis B Vaccine Consent Form

FACILITY NAME Bellack Co Correctional

Anthony Adams
Inmate Name

180127
AIS Number

X Anthony Adams
Inmate Signature

11/22/05
Date

Dose Given 0.5cc Hep B

Site Given ② Deltoid

Administered by Yolanda Masely LPN

Lot Number and Expiration Date AHBVB004BA
01/20/06

LOCK CORRECTIONAL FACILITY PROCEDURE FOR ACCESS TO HEALTH CARE

Treatment for medical complaints is processed through nurses screening seven days a week. Inmates must complete a sick-call screening form and turn this form into medical services for processing. Designated locked collection boxes are placed in the main hall way near the Infirmary entrance for your convenience. All health services request are subjected to a three-dollar co-payment being deducted from your PMOD account, depending on your round. Pick up for this round in your unit is 8:00p.m. Doctor's clinic is held Monday, Tuesday, Wednesday, Thursday and Friday excluding holidays, or unexpected emergency.

Inmates on sick-call must report for screening or sign a refusal of treatment form declining care. Screening for population begins at 5:00am. Screening for segregation begins at 5:00am.

Pill calls for this institution are as follows:

<u>Population</u>	<u>Segregation</u>
4:00AM	3:30AM
10:30AM	9:30AM
5:00PM	4:30PM
9:00PM	8:30PM

Medical request on weekend and holidays are reviewed. Any request for medical attention that can not wait until doctor's next clinic will be processed at that time. All other general request will be held until regular Monday through Friday sick call. Nursing services is provided 24 hours a day with physician on call. Medical emergencies, such as those involving intense pain, potential life-threatening situation, or when delaying treatment might cause permanent damage are dealt with at any time. Advise the nearest correctional officer of an emergency so prompt access to health care unit is provided. Comfort medications are available in the Canteen.

Population dental sick call is held Monday, Tuesday, Wednesday, Thursday and Friday 8:00am - 9:00am. Dental complaints must be registered on a sick call form. Needed follow-up, depending on type care, is scheduled at this time. Dental screening at 8:00 am on Monday-Friday. Dental appointments and emergencies on Monday -Friday at 8:00am

Segregation inmates must register their dental complaints on the sick call form as you don for medical complaints. The dental department then makes contact with those requested services and follow-up is scheduled at this time. Dental emergency service is provided 24 hours a day with a dentist on call. Those not meeting scheduled appointments must sign a refusal of treatment form.

Your medical care is important. This is a joint effort between you and health care staff. Prescribed medicines are to be pick-up at pill call, appointments should be kept and educational in-services attended.

We ask that complaints against health care try and be resolved face to face first. If concerns cannot be resolved verbally, a written PHS Informal Grievance Form may be filed. This can be obtained in the shift commander's office. You must complete this form listing specifically the reason for dissatisfaction, steps you have taken and the action requested to resolve. Drop this form in the Sick Call Request box and you will be responded to in writing within five days. If you are still dissatisfied, you may file a "Formal Grievance Form." This can be obtained in the shift commander's office or at pill call. No Formal Grievance will be addressed prior to you filing a "PHS Informal Grievance Form."

REVISED

(NOTE NCCHC standards: P-13, 32, 36, 38, 42 apply)

Signed: ANTHONY ADAMS 10-13-04
DATE: 10/13/04



PRISON
HEALTH
SERVICES
INCORPORATED

SPECIAL NEEDS COMMUNICATION FORM

Date: 9/24/04

To: _____

From: _____

Inmate Name: Adams, Anthony ID#: 180127

The following action is recommended for medical reasons:

1. House in _____
2. Medical Isolation _____
3. Work restrictions _____
4. May have extra _____ until _____
5. Other _____

Comments:

① Allow pt extn time to eat d/t

esoph stricture

Date: 9/24/04 MD Signature: JR, NP Time: _____



SPECIAL NEEDS COMMUNICATION FORM

Date: 7/26/04

To: ADOC

From: WW / PHS

Inmate Name: Adams, Anthony ID#: 180127

The following action is recommended for medical reasons:

1. House in _____
2. Medical Isolation _____
3. Work restrictions _____
4. May have extra _____ until _____
5. Other _____

Comments:

Discontinue respiratory isolation. May be placed
in population. Medical hold until 9/30/04, then
release.

Date: 7/26/04 MD Signature: Dr. Robbins [Signature] Time: 8:30 Am



SPECIAL NEEDS COMMUNICATION FORM

Date: 8/5/04To: DOCFrom: OPCInmate Name: Adams, Anthony ID#: 180127

The following action is recommended for medical reasons:

1. House in _____
2. Medical Isolation _____
3. Work restrictions _____
4. May have extra _____ until _____
5. Other _____

Comments:

Ø LIFT > 20 LBS X FDX

For Duration of Time

Date: 8/5/04 MD Signature: VO B. Adams CPNPI Time: _____

Isaacs



SPECIAL NEEDS COMMUNICATION FORM

Date: 12/7/07

To: Inmate

From: HCU

Inmate Name: Adams, Anthony ID#: 180167

The following action is recommended for medical reasons:

1. House in _____
2. Medical Isolation _____
3. Work restrictions _____
4. May have extra _____ until _____
5. Other _____

Comments:

NO work in kitchen x 6 months
to 6/7/05

Date: 12/7/07 MD Signature: DR. Sidney M. White Time: 8:00 PM



SPECIAL NEEDS COMMUNICATION FORM

Date: 6-7-05

To: Inmate

From: Medical (Bullock)

Inmate Name: Adams, Anthony ID#: 180127

The following action is recommended for medical reasons:

1. House in _____
2. Medical Isolation _____
3. Work restrictions _____
4. May have extra _____ until _____
5. Other _____

Comments:

No work in Kitchen x 6 mos.

6-7-05 — 12-7-05

12/05 MD Signature: _____ Time: 0930



PRISON HEALTH SERVICES

NON-COMPLIANCE NOTICE

The following has been observed and documented per non-compliance policy:

CLASS

_____ Diet

X Medication

_____ Treatment

SPECIFIC

ADA _____

CARDIOVASCULAR _____

ALT. G.I. _____

OTHER _____

INFECTIOUS _____

ACUTE _____

CHRONIC _____

PSYCHIATRIC _____

OTHER _____

BLOOD PRESSURE _____

DRESSING _____

ACCUCHECK _____

OTHER _____

ACTION TAKEN BY NURSING:

X Counseling
_____ Discontinue Medication
_____ Re-assign Schedule

_____ Placed on sick call
_____ Inform MH Department
_____ M.A.R. Review

ACTION TAKEN BY PRESCRIBERS:

_____ Physician
_____ P.A.
_____ Psychiatrist

_____ Counseling
_____ Discontinue Meds
_____ Discontinue Tx
_____ Change Meds

OTHER _____

ACTION TAKEN BY INMATE:

_____ Treatment Refusal Signed
X Explanation of Non-Compliance

_____ Refuses to sign

INMATE NAME (LAST, FIRST, MIDDLE)

Adams Anthony

DOC#

18067

DOB

RACE/SEX

BM

FAC.

BCCF



SPECIAL NEEDS COMMUNICATION FORM

Date: 9/16/4To: ANOCFrom: PHSInmate Name: Adams, Anthony ID#: 180127

The following action is recommended for medical reasons:

1. House in _____
2. Medical Isolation _____
3. Work restrictions _____
4. May have extra _____ until _____
5. Other _____

Comments:

allow pt. to dissolve medication
in water to drink X 180 d,
()

Date: 9/16/4 MD Signature: Regitzmeyer Time: 0920A



PRISON
HEALTH
SERVICES
INCORPORATED

INFIRMARY ADMISSION

INMATE NAME: Adams, Anthony DOC# 180127

ADMISSION DATE: 5/25/04

ADMITTING DIAGNOSIS: R/O TB

ADMITTING PHYSICIAN: Rollins

ESTIMATED LENGTH OF STAY: Undetermined



INFIRMARY DISCHARGE

INMATE NAME: Adams, Anthony DOC# 180127

DISCHARGE DATE: 7/26/04

DISCHARGING DIAGNOSIS: Cleared from TB precautions

DISCHARGING PHYSICIAN: Dr Robbins



PHYSICIANS' ORDERS

NAME: Adams, Anthony 8/5/04 e 1030 180127 8/5/04 D.O.B. 4/5/56 noted ALLERGIES: Hal dol Isulin Use Last Date 8/5/04	DIAGNOSIS (If Chg'd) ① Amoxicil HC + PR BID x 7d, then ② Amoxicil supp + PR BID x 30d PRN ③ Colace 100mg p.o. BID x 10d ④ ① lift > 20# x FDX ⑤ Please reduce medical chart <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED Bath camp
NAME: Adams, Anthony 7/26/04 0816 D.O.B. / / ALLERGIES: Use Fourth Date / /	DIAGNOSIS (If Chg'd) ① D/C INH, B6 ② Continue Rifampin 3 date 9/30/04. ③ D/C Resp. isolation ④ ⑤ medical hold on <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMIT Resend DC with order to pharmacy tion leave
NAME: Adams, Anthony 5/26/04 0722 D.O.B. 4/5/56 #180127 ALLERGIES: Hal dol Use Third Date / /	DIAGNOSIS (If Chg'd) 10) PEH 1500mg po qd x 60 d. 11) Ethambutol 1200mg po qd x 60 d. <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Adams, Anthony 5/26/04 0722 D.O.B. 4/5/56 ALLERGIES: Hal dol Use Second Date / /	DIAGNOSIS (If Chg'd) 6) Sputum for AFB q AM x 3, then q wk x 4, then q month while on TB meds 7) INH 300mg po qd x 270d 8) B6 25mg po qd x 270d 9) Rifampin 600mg po qd x 270d <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Adams, Anthony 5/26/04 0722 D.O.B. 4/5/56 ALLERGIES: Hal dol Use First Date / /	DIAGNOSIS 1) Chem profile, CBC 2) Chem profile q mo while on TB meds 3) CXR 4) CXR q mo while on TB meds 5) Respiratory isolation <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED

MEDICAL RECORDS COPY



PRISON
HEALTH
SERVICES
INCORPORATED

PHYSICIANS' ORDERS

NAME:

DIAGNOSIS (If Chg'd)

D.O.B. / /

ALLERGIES:

Use Last

Date

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME:

DIAGNOSIS (If Chg'd)

D.O.B. / /

ALLERGIES:

Use Fourth

Date

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME:

DIAGNOSIS (If Chg'd)

D.O.B. 4/5/26

ALLERGIES: Haldol

Use Third

Date 9/16/04

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME:

DIAGNOSIS (If Chg'd)

D.O.B. 4/5/56

ALLERGIES: Haldol

Use Second

Date 9/10/04

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME:

DIAGNOSIS

D.O.B. 4/5/56

ALLERGIES: Haldol

Use First

Date 8/16/04

☐ GENERIC SUBSTITUTION IS NOT PERMITTED



PHYSICIANS' ORDERS

NAME:

DIAGNOSIS (If Chg'd)

D.O.B. / /

ALLERGIES:

Use Last Date / /

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME:

DIAGNOSIS (If Chg'd)

D.O.B. / /

ALLERGIES:

Use Fourth Date / /

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME:

DIAGNOSIS (If Chg'd)

D.O.B. / /

ALLERGIES:

Use Third Date / /

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME:

DIAGNOSIS (If Chg'd)

D.O.B. / /

ALLERGIES:

Use Second Date / /

☐ GENERIC SUBSTITUTION IS NOT PERMITTEDNAME: Adams, Anthony
180127

DIAGNOSIS

D.O.B. 4/5/56

ALLERGIES:

Use First Date 9/6/05

☐ GENERIC SUBSTITUTION IS NOT PERMITTEDZantac 150 mg - po Bid X 90 days
Po. Dr. Siddig / m. jato



PHYSICIANS' ORDERS

NAME:	DIAGNOSIS (If Chg'd)
D.O.B. / /	
ALLERGIES:	
Use Last Date / /	<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: Adams Anthony	DIAGNOSIS (If Chg'd)
180127	✓ Amoxicillin 500mg bid x100
D.O.B. 4/5/56	✓ Eutex 7 bid x100
ALLERGIES: Haldol	
Use Fourth Date 10/6/06	<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: Adams Anthony	DIAGNOSIS (If Chg'd)
180127	✓ CRK
D.O.B. / /	✓ Diagnostic E
ALLERGIES: Haldol	
Use Third Date 10/6/06	<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: Adams Anthony	DIAGNOSIS (If Chg'd)
180127	Zantac 150mg PO BID x180 days
D.O.B. 4/5/04	PO Doit-512 dig 1/10/05
ALLERGIES: Haldol	
Use Second Date 05/25/04	<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: Adams Anthony	DIAGNOSIS
180127	Zantac 150mg PO BID x180 days
D.O.B. / /	PO Haldol 1/10/05
ALLERGIES:	
Use First Date 12/01/05	<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED

MEDICAL RECORDS COPY

RECEIVED: Inmate/Health Record		RELEASED: Inmate/Health Record		ALLERGIES:	
Institution: <u>Bullman</u>		Institution: <u>KCF</u>		<u>NA 1001</u>	
Date: <u>10/2/04</u> Time: <u>2000</u> AM/PM		Date: <u>10/2/04</u> Time: _____ AM/PM		PHYSICAL EXAMINATION	
RECEIVED FROM:		RELEASE FROM:		Date of last exam: <u>6-10-04</u>	
Institution/Work Release Center/Free-World Hospital		<input type="checkbox"/> Infirmary <input type="checkbox"/> Segregation		Chest X-Ray Date: <u>7/29/04</u> Result: _____	
		<input checked="" type="checkbox"/> Population <input type="checkbox"/> Mental Health		PPD Reading <u>4-mm</u>	
		<input type="checkbox"/> Other _____		Classification: _____	
RECEIVING MEDICAL STATUS		RELEASE TO:		Limitations: _____	
<input checked="" type="checkbox"/> Population		<input checked="" type="checkbox"/> DOC <input type="checkbox"/> Infirmary <input type="checkbox"/> Mental Health			
<input type="checkbox"/> Infirmary		<input type="checkbox"/> _____			
<input type="checkbox"/> Isolation		Institution/Work Release Center/Free-World Hospital			

CBC	<i>W/29/04</i>	Normal	<input checked="" type="checkbox"/>	Abnormal	<input type="checkbox"/>	Wears Glasses/Contacts	<input type="checkbox"/>	<input type="checkbox"/>
Urinalysis	<i>6/29/04</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dental Prosthesis	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hearing Aide	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other Prosthesis	<input type="checkbox"/>	<input type="checkbox"/>
							<i>K. Gole, L.</i>	
							Receiving Nurse	

Prilosec 20 mg qd
Surfak 240 mg qd

SCHEDULE FOR CHRONIC CARE CLINIC

DATE: _____ LAST CLINIC: _____

MEDICATIONS ☒ Sent w / inmate ☐ Not sent w / inmate
X-RAY FILM ☐ Sent w / inmate ☐ Not sent w / inmate
HEALTH RECORD ☒ Sent w / inmate ☐ Not sent w / inmate

Released to: _____

Date: 10/4/04 Time: _____ AM/PM

MEDICATIONS ☐ Received ☐ Not Received
X-RAY FILM ☐ Received ☐ Not Received
HEALTH RECORD ☒ Received ☐ Not Received
CHART REVIEWED ☐ YES ☐ NO

Received by: _____
Signature of Receiving Nurse
Date: 10/13/04 Time: 2000 AM/PM

FOLLOW-UP CARE NEEDED		Date	Time	With Whom -- Location (Sending Nurse)	Date/Appt. Made w/Whom (Rec. Nurse)
<input type="checkbox"/> Medical	<input type="checkbox"/> Dental				
<input type="checkbox"/> Mental Health					

NURSING ASSESSMENT (SENDING NURSE) (Noted from health record documentation)			NURSING ASSESSMENT (RECEIVING NURSE) (Noted from inmate assessment)			INTAKE		
HISTORY	Drug Use	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	SKIN	Open Sores	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Sick Call Procedures Explained <u>ye</u>	Height <u>5'10</u>	
	Mental Illness	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Lice	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			Weight <u>145</u>
	Suicide Attempt	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Edema	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
	Chronic Care	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Warm & Dry	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
STATUS	Special Diet	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Cool & Moist	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
	Appearance	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	CONDITION	Alert	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Pulse Resp. <u> </u>		
OTHER PERTINENT NURSING ASSESSMENT				Oriented	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Other <u> </u>	
				Uncooperative	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
			Depressed	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Signature of Nurse Completing Assessment (Sending Nurse) <u>Katew Bailey</u>			Date <u>10/14/14</u>			Signature of Intake Screening Nurse (Receiving Nurse) <u>[Signature]</u>		
INMATE NAME (LAST, FIRST, MIDDLE) <u>Adams, Anthony</u>			DOC# <u>180127</u>		DOB <u>4/15/56</u>	Race/Sex <u>B/M</u>	FAC. <u>KCF</u>	



PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Follow-up

Print Name: Anthony Adams Date of Request: 12-6-04
ID # 180127 Date of Birth: 4/5/56 Location: 22-25
Nature of problem or request: _____

I NEEDED TO GET MY
STOP-UP UPDATED. MEDICATION ZANTAC

Anthony Adams

Signature

DO NOT WRITE BELOW THIS LINE

Date: 12/07/04
Time: 0535 AM PM
Allergies: Halal

<p>RECEIVED</p> <p>Date: _____</p> <p>Time: _____</p> <p>Receiving Nurse Initials _____</p>

(S)ubjective I can't work in kitchen
and I need my meds renewed (Zantac)

(O)bjective Inmate presented c/o abd problems
B/P 120/70 P-14 R-16 T98

(A)ssessment: possible, alteration in comfort 20
abd pain

(P)lan: To return to see MD @ 7³⁰

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN

CIRCLE ONE

Check One: ROUTINE ☒ EMERGENCY ☐

If Emergency was PHS supervisor notified: Yes ☐ No ☐

Was MD/PA on call notified: Yes ☐ No ☐

M. R. [Signature]

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

SICK CALL REQUEST

Follow-up

Print Name: Anthony Adams Date of Request: 6-6-05
ID # 180127 Date of Birth: 4/5/56 Location: 22-75
Nature of problem or request: I WANT TO UPDATE my MEDICATION
ZANTAC. And update my STOP-UP FROM THE KITCHEN

Anthony Adams
Signature

DO NOT WRITE BELOW THIS LINE

Date: 6/7/05
Time: 0500 AM PM
Allergies: Haldal

RECEIVED
Date: <u>6-7-05</u>
Time: <u>0500</u>
Receiving Nurse Initials <u>ml</u>

(S)ubjective: I Need A Stop-up from the Kitchen + Renew
My Zontac

(O)bjective: Resp Regular & even skin w/d to touch. No Visible
problems noted 12/8/05 7:18

(A)ssessment:

(P)lan: See MD this AM

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
CIRCLE ONE

Check One: ROUTINE ☒ EMERGENCY ☐

If Emergency was PHS supervisor notified: Yes ☐ No ☐

Was MD/PA on call notified: Yes ☐ No ☐

Matthew Jackson
SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST

NO CHARGE

FOLLOW-UP

Print Name: ANTHONY ADAMS Date of Request: 9-5-05
ID # 180127 Date of Birth: 4-5-56 Location: 22-75
Nature of problem or request: I WOULD LIKE TO HAVE MY
MEDICATION ZANTAC UP DATED.

ANTHONY ADAMS
Signature

DO NOT WRITE BELOW THIS LINE

Date: 9/6/05
Time: 0600 AM PM
Allergies: Aspirin

RECEIVED
Date: <u>9-6-05</u>
Time: <u>0600</u>
Receiving Nurse Initials <u>mt</u>

(S)ubjective I Need my Medication Renewed

(O)bjective mt 139

(A)ssessment:

(P)lan: NO Orders

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN

CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

Matthew Jackson MD
SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

IN-PATIENT MEDICAL RECORD
PROGRESS NOTES

DATE

8/24/95 PT. IS IN ETOH, COCAINE, T'S + BLUES -
POSS SUBSTANTIAL ABUSE. By 25 yrs of Abuse
He is NOT FORTUITOUS TO SAY THE LEAST
NO AFFECT ON THOUGHT DISORDER. WANTS
Sleeping pills.

A) POSS SUB ABUSE
ASP 12 PAIN SEEN
P) NO DRUGS.

11/3/95 Pt. Sees FEAR of SHOOTING
AS ABOVE no pills - 1/1000 BORN
CINATOSIS

11/17/95 Pt. Sees moment to TV. WANTS a prop
NO TIGHT or effort death - Sees FEAR

Patient's Name, (Last, First, Middle)	AIS #	Age	R/S	
Adams, Anthony	180127	39		KILB



PRISON
HEALTH
SERVICES
INCORPORATED

(-)

9/17

PROGRESS NOTES

Date/Time	Inmate's Name:	D.O.B.:
	Adams, Anthony	/ /
5/27/04 1114	<p>48 yo Bm reportedly a high risk contact for TB. No records as to findings available.</p> <p>PMHx (-). Denies cough, fever, wt loss, etc.</p> <p>VSS. Afebrile. No %.</p> <p>Alert/oriented.</p> <p>Lungs clear.</p> <p>Heart RRR 5 (-).</p> <p>Abdomen (-).</p>	
	<p>A/P 1) High risk TB contact.</p> <ul style="list-style-type: none"> - Begin 4 drugs - Routine labs, AFB, CXR - Respiratory isolation until cultures (-). <p>When cultures (-), will ax INH + rifampin for total of 4 mo - Discussed w/ Dr. Preyer (State TB).</p>	
	<p><i>Anthony</i></p>	
6/1/04 0657	<p>VSS. Afebrile.</p> <p>Chem + CBC OK.</p> <p>CXR/Amear/cultures pending.</p>	
	<p><i>Paul</i></p>	
6/3/04 0739	<p>AFB amear (-) x1.</p>	
	<p><i>Paul</i></p>	



PROGRESS NOTES

Date/Time	Inmate's Name: Adams, Anthony	D.O.B.: 4/5/56
9/16/07	Note: Pt is not being able to swallow meds will allow them to be dissolved in H ₂ O JR, M	
9/27/07	S: Recheck Gerd's & Esoph Stricture O: Pt states doing much better on prilosec Only complaint now is choking on food A: Gerd's Esoph Stricture by H ₂ P: Allow extra time to eat E: To plan JR, M	
2/7/08 6P	S: Check for Removal of Zoster O: H ₂ O Peptic Ulcer dysphagia A: Gastric f. will curb as Zoster, and and no work pgs	



PROGRESS NOTES

Date/Time	Inmate's Name: <u>Adams, Anthony</u> D.O.B.: <u>9/5/56</u>
1/6/07	<p>SI: C/o difficulty swallowing food & meds</p> <p>O: Throat warts, & swelling of Thyroid palpated</p> <p>Hx: GERD</p> <p>A: GERD No Esoph stricture</p> <p>P: Zin-lac</p> <p>Crash Meds</p> <p>Recheck 30 days</p> <p>E: Tx plan</p> <p style="text-align: right;">JR, mr</p>
7/10/07	<p>SI: C/o Throwing up blood & severe gastric reflux</p> <p>O: Hx Esoph stricture & GERD. Pt has been on Zin-lac. Rectal exam (+) for blood but stool very light brown & blood traces red. & black many stools. Stool also very hard, Pt admits to straining to have BM's</p> <p>A: Constipation</p> <p>GERD, severe</p> <p>P: Prilosec, Sulfur</p> <p>E: Tx plan</p> <p style="text-align: right;">JR, mr</p>



PROGRESS NOTES

Date/Time	Inmate's Name:	D.O.B.:
	Adams, Anthony	/ /
1/15/04 0655	Tolerating meds. awaiting cultures. CKA ⊖, Smeears ⊖ Pohls	
1/22/04 0658	VSS. Afebrile. No %. All AFB Smeears ⊖ thus far, AFB cultures pending. Pohls	
1/28/04	VSS. Afebrile. Smeears remain ⊖, cultures pending On TB meds since 5/27/04. Pohls	
1/6/04 0659	VSS. Afebrile. No %. Smeears ⊖, cultures pending. Pohls	
1/9/04.	AFB cultures all ⊖ - all ⊖ @ 6 wks (5/28 collection). Will continue 4 drugs + isolation until ⊖ @ 8 wks, then INH/RIF for 4 mo. total (latent TB). Discovered E. Dr. Preyan (latent TB) Pohls	
1/26/04 0816	AFB cultures ⊖ @ 8 wks per TB lab. Plan Rifampin for 4 mo total - stop date 9/30/04. D/C Resp. Isolation. Pohls	

DISCIPLINARY PROGRESS N

[illegible]

Patient's Name, (Last, First, Middle)	AS#	Age	R/S	Facility
Adams, Anthony	180127		B/m	BCCF

DEPARTMENT OF CORRECTIONS

10362

AFB CULTURE ALABAMA DEPARTMENT OF PUBLIC HEALTH
BUREAU OF CLINICAL LABORATORIES
87117 8140 AUM DRIVE, P.O. BOX 244018, MONTGOMERY, ALABAMA 36124-4018 (334) 260-3400

Name: Last Adams First Anthony MI 10362
County Health Dept. CHR Number 1180127 Date of Birth 04/05/56 Sex M Race O
Medicaid Number 1180127 Social Security Number 1180127 Date Collected 06/28/04
Specimen submitted: ☒ Sputum ☐ Culture Identification ☐ No Mycobacteria isolated
☐ Bronchial Wash ☐ CSF ☐ Inoc. Media ☐ Unsatisfactory Code ☐ Other: See Reverse
If private insurance available, send copy of card. Patient's Resident County Montgomery
Mail Report to: Kilby PHS
P.O. Box 11
mt. meigs AL 36057 ZIP CODE
ADPH-F-CL-412 AND 413 required with all specimens and cultures
ADPH-F-BCL-412/REV. 3-00 Provider Number 36057
State Alabama Date Reported 6/29/04
Analyst VP

10590

AFB CULTURE ALABAMA DEPARTMENT OF PUBLIC HEALTH
BUREAU OF CLINICAL LABORATORIES
87117 8140 AUM DRIVE, P.O. BOX 244018, MONTGOMERY, ALABAMA 36124-4018 (334) 260-3400

Name: Last Adams First Anthony MI 10590
County Health Dept. CHR Number 1180127 Date of Birth 04/05/56 Sex M Race O
Medicaid Number 1180127 Social Security Number 1180127 Date Collected 06/28/04
Specimen submitted: ☒ Sputum ☐ Culture Identification ☐ No Mycobacteria isolated
☐ Bronchial Wash ☐ CSF ☐ Inoc. Media ☐ Unsatisfactory Code ☐ Other: See Reverse
If private insurance available, send copy of card. Patient's Resident County Montgomery
Mail Report to: Kilby PHS
P.O. Box 11
mt. meigs AL 36057 ZIP CODE
ADPH-F-CL-412 AND 413 required with all specimens and cultures
ADPH-F-BCL-412/REV. 3-00 Provider Number 36057
State Alabama Date Reported 6/29/04
Analyst VP

PATIENT'S NAME LAST	FIRST	MIDDLE	AGE	R/S	ID. NO.

DEPARTMENT OF CORRECTIONS

11429

AFB CULTURE		ALABAMA DEPARTMENT OF PUBLIC HEALTH BUREAU OF CLINICAL LABORATORIES		State
87117 8140 AUM DRIVE, P.O. BOX 244018, MONTGOMERY, ALABAMA 36124-4018 (334) 260-3400		Lab #		041129
Name: Last	First	MI	Shaded area for Laboratory use only	
ALPAMS	Anthony			
County Health Dept. CHR Number	Date of Birth	MM	DD	YY
	04 05 56			7 23 04
Medical Number	Sex	Race	Results	
180127	M	B	<input type="checkbox"/> M. tuberculosis complex <input type="checkbox"/> M. avium complex <input type="checkbox"/> M. gordonae <input checked="" type="checkbox"/> No Mycobacteria Isolated <input type="checkbox"/> Unsatisfactory - See Reverse <input type="checkbox"/> Other:	
Social Security Number	Date Collected	MM	DD	YY
	07 22 04			
Specimen submitted: <input checked="" type="checkbox"/> Sputum		<input type="checkbox"/> Culture Identification		
<input type="checkbox"/> Bronchial Wash		<input type="checkbox"/> Inoc. Media		
<input type="checkbox"/> Other:				
If private insurance available, send copy of card.		Patient's Resident County		
Mail Report to: K. L. by PHS		Two to PHCMA		
P.O. Box 11		(P)		
Int. memo		AL 36057		
ADPH-F-CL-412 AND 413 required with all specimens and cultures		ZIP CODE		
ADPH-F-BCL-412/REV. 3-00		Provider Number		
		Analyst		
		Date Reported		
		9 10 04		

PATIENT'S NAME LAST	FIRST	MIDDLE	AGE	R/S	ID. NO.

DEPARTMENT OF CORRECTIONS

AFB CULTURE ALABAMA DEPARTMENT OF PUBLIC HEALTH
BUREAU OF CLINICAL LABORATORIES

87117 8140 AUM DRIVE, P.O. BOX 244918, MONTGOMERY, ALABAMA 36124-4018 (334) 260-3400

Name: Last ADAMS First Anthony MI 9

County Health Dept. CHR Number 11801127 Date of Birth 09/05/56 Sex M Race B

Medicaid Number 11801127 Social Security Number 010704 Date Collected 01/07/04

Specimen submitted: ☒ Sputum ☐ CSF ☐ Culture Identification ☐ Inoc. Media

☐ Bronchial Wash ☐ Other: ☐ No Mycobacteria isolated ☐ Unsatisfactory Code ☐ Other: ☐ See Reverse

If private insurance available, send copy of card. Patient's Resident County Montgomery

Mail Report to: Killam PHS P.O. Box 11 mt. meigs AL 36057

ADPH-F-CL-412 AND 413 required with all specimens and cultures
ADPH-F-BCL-412/REV. 3-00

Provider Number 36057 ZIP CODE 36057

Analyst AD Date Rec'd 01/07/04

PATIENT'S NAME LAST	FIRST	MIDDLE	AGE	R/S	ID. NO.

DEPARTMENT OF CORRECTIONS

9583

AFB CULTURE		ALABAMA DEPARTMENT OF PUBLIC HEALTH BUREAU OF CLINICAL LABORATORIES		State
87117		8140 AUM DRIVE, P.O. BOX 244018, MONTGOMERY, ALABAMA 36124-4018 (334) 260-3400		Lab # 009587
Name: Last	First	MI	Shaded area for laboratory use only	
Adams	Anthony		Date Received 6-22-04	
County Health Dept. CHR Number	Date of Birth	Sex	MM	DD
	040556	M	06	02
Medicaid Number	1180127	Place	B	
Social Security Number		Date Collected	060204	
Specimen submitted:	<input checked="" type="checkbox"/> Sputum	<input type="checkbox"/> Culture Identification	<input checked="" type="checkbox"/> No Mycobacteria isolated	
<input type="checkbox"/> Bronchial Wash	<input type="checkbox"/> CSF	<input type="checkbox"/> Inoc. Media	<input type="checkbox"/> Unsatisfactory	
<input type="checkbox"/> Other:			<input type="checkbox"/> Other: See Reverse	
If private insurance available, send copy of card.		Patient's Resident County	AL	
Mail Report to: Kilby PHS		P.O. Box 11		
ADPH-F-CL-412 AND 413 required with all specimens and cultures		Mtn Meigs		
ADPH-F-BCL-412/REV. 3-00		Provider Number	36057	ZIP CODE
		Analyst	7	Date Reported 22-04

PATIENT'S NAME LAST	FIRST	MIDDLE	AGE	R/S	ID. NO.

DEPARTMENT OF CORRECTIONS

9554

AFB CULTURE ALABAMA DEPARTMENT OF PUBLIC HEALTH
BUREAU OF CLINICAL LABORATORIES
87117 8140 AUM DRIVE, P.O. BOX 244018, MONTGOMERY, ALABAMA 36124-4018 (334) 260-3400

Name: Last Adams First Anthony MI AL State AL Lab # 009554

County Health Dept. CHR Number 1180127 Date of Birth 04/05/56 Sex M Race B Shaded area for Laboratory use only Date Received 6/1/04

Medicaid Number 1180127 Social Security Number 052104 Date Collected 05/21/04

Specimen submitted: ☒ Sputum ☐ Culture Identification ☒ No Mycobacteria Isolated
☐ Bronchial Wash ☐ CSF ☐ Inoc. Media ☐ Unsaturated Code = See Reverse
☐ Other: Colonies

If private insurance available, send copy of card. Patient's Resident County Kilby DHS
Mail Report to: P.O. Box 11
Mt. Meigs AL 36057 ZIP CODE

ADPH-F-CL-412 AND 413 required with all specimens and cultures
ADPH-F-BCL-412/REV. 3-00

Analyst Bo Date Reported 7/22/04

11421

AFB SMEAR ALABAMA DEPARTMENT OF PUBLIC HEALTH
BUREAU OF CLINICAL LABORATORIES
87206 8140 AUM DRIVE, P.O. BOX 244018, MONTGOMERY, ALABAMA 36124-4018 (334) 260-3400

Name: Last Adams First Anthony MI AL State AL Lab # 011428

County Health Dept. CHR Number 1180127 Date of Birth 04/05/56 Sex M Race B Shaded area for Laboratory use only Date Received 7/23/04

Medicaid Number 1180127 Social Security Number 052104 Date Collected 07/22/04

Specimen submitted: ☒ Sputum ☐ Culture Identification ☒ Not Found
☐ Bronchial Wash ☐ CSF ☐ Inoc. Media ☐ Rare
☐ Other: Colonies ☐ Few
☐ Moderate
☐ Numerous
☐ Unsaturated Code = (See Reverse)

If private insurance available, send copy of card. Patient's Resident County Kilby DHS

9582

AFB CULTURE ALABAMA DEPARTMENT OF PUBLIC HEALTH
BUREAU OF CLINICAL LABORATORIES
87117 8140 AUM DRIVE, P.O. BOX 244018, MONTGOMERY, ALABAMA 36124-4018 (334) 260-3400

Name: Last Adams First Anthony MI AL State AL Lab # 009582

County Health Dept. CHR Number 1180127 Date of Birth 04/05/56 Sex M Race B Shaded area for Laboratory use only Date Received 6/2/04

Medicaid Number 1180127 Social Security Number 052104 Date Collected 6/6/04

Specimen submitted: ☒ Sputum ☐ Culture Identification ☒ No Mycobacteria Isolated
☐ Bronchial Wash ☐ CSF ☐ Inoc. Media ☐ Unsaturated Code = See Reverse
☐ Other: Colonies

If private insurance available, send copy of card. Patient's Resident County Kilby DHS
Mail Report to: P.O. Box 11
Mt. Meigs AL 36057 ZIP CODE

ADPH-F-CL-412 AND 413 required with all specimens and cultures
ADPH-F-BCL-412/REV. 3-00

Analyst Bo Date Reported 7/22/04

PATIE

ID. NO.

10362

AFB SMEAR		ALABAMA DEPARTMENT OF PUBLIC HEALTH BUREAU OF CLINICAL LABORATORIES		State
87206 8140 AUM DRIVE, P.O. BOX 244018, MONTGOMERY, ALABAMA 36124-4018 (334) 260-3400				Lab # 010362
Name: Last <u>Adams</u>	First <u>Anthony</u>	MI	Shaded area for Laboratory use only	
County Health Dept. CHR Number	Date of Birth MM DD YY <u>10/4/05</u>	MM DD YY	Date Received MM DD YY <u>6/22/04</u>	
Medicaid Number <u>118101127</u>	Sex <u>M</u>	Race <u>B</u>	Results for Acid-fast bacilli: <input type="checkbox"/> Found <input checked="" type="checkbox"/> Not Found	
Social Security Number	Date Collected MM DD YY <u>06/21/04</u>		<input checked="" type="checkbox"/> Rare	
Specimen submitted: <input checked="" type="checkbox"/> Sputum <input type="checkbox"/> Bronchial Wash <input type="checkbox"/> CSF <input type="checkbox"/> Other:	<input type="checkbox"/> Culture Identification <input type="checkbox"/> Inoc. Media		<input type="checkbox"/> Few	
If private insurance available, send copy of card. Patient's Resident County			<input type="checkbox"/> Moderate	
Mail Report to: <u>Kilby PHS</u> <u>P.O. Box 11</u> <u>mt. meigs</u>		AL <u>36057</u>	<input checked="" type="checkbox"/> Numerous	
ADPH-F-CL-412 AND 413 required with all specimens and cultures		ZIP CODE	<input type="checkbox"/> Unsat. Code = (See Reverse)	
ADPH-F-BCL-413/REV. 3-00		Provider Number	Analyst <u>W</u> Date Reported <u>6/23/04</u>	

10590

AFB SMEAR		ALABAMA DEPARTMENT OF PUBLIC HEALTH BUREAU OF CLINICAL LABORATORIES		State
87206 8140 AUM DRIVE, P.O. BOX 244018, MONTGOMERY, ALABAMA 36124-4018 (334) 260-3400				Lab # 010590
Name: Last <u>Adams</u>	First <u>Anthony</u>	MI	Shaded area for Laboratory use only	
County Health Dept. CHR Number	Date of Birth MM DD YY <u>10/4/05</u>	MM DD YY	Date Received MM DD YY <u>6/29/04</u>	
Medicaid Number <u>118101127</u>	Sex <u>M</u>	Race <u>B</u>	Results for Acid-fast bacilli: <input type="checkbox"/> Found <input checked="" type="checkbox"/> Not Found	
Social Security Number	Date Collected MM DD YY <u>06/28/04</u>		<input checked="" type="checkbox"/> Rare	
Specimen submitted: <input checked="" type="checkbox"/> Sputum <input type="checkbox"/> Bronchial Wash <input type="checkbox"/> CSF <input type="checkbox"/> Other:	<input type="checkbox"/> Culture Identification <input type="checkbox"/> Inoc. Media		<input type="checkbox"/> Few	
If private insurance available, send copy of card. Patient's Resident County			<input type="checkbox"/> Moderate	
Mail Report to: <u>Kilby PHS</u> <u>P.O. Box 11</u> <u>mt. meigs</u>		AL <u>36057</u>	<input checked="" type="checkbox"/> Numerous	
ADPH-F-CL-412 AND 413 required with all specimens and cultures		ZIP CODE	<input type="checkbox"/> Unsat. Code = (See Reverse)	
ADPH-F-BCL-413/REV. 3-00		Provider Number	Analyst <u>W</u> Date Reported <u>6/29/04</u>	

AFB SMEAR		ALABAMA DEPARTMENT OF PUBLIC HEALTH BUREAU OF CLINICAL LABORATORIES		State	Lab #
87206 8140 AUM DRIVE, P.O. BOX 244018, MONTGOMERY, ALABAMA 36124-4018 (334) 260-3400				10010	10010
Name: Last	First	MI	MM	DD	YY
AMSL	Anthony		04	05	56
County Health Dept. CHR Number	Date of Birth	Sex	Race	Data Received	
		M	B	6 15 04	
Medicaid Number	Social Security Number	Date Collected	Results for Acid-fast bacilli:		
1182127		06 14 04	<input checked="" type="checkbox"/> Found <input type="checkbox"/> Rare <input type="checkbox"/> Few <input type="checkbox"/> Moderate <input type="checkbox"/> Numerous <input type="checkbox"/> Unsat. Code = (See Rev. 69)		
Specimen submitted:	<input checked="" type="checkbox"/> Sputum <input type="checkbox"/> Bronchial Wash <input type="checkbox"/> CSF <input type="checkbox"/> Other:				
<input type="checkbox"/> Culture Identification <input type="checkbox"/> Inoc. Media			<input checked="" type="checkbox"/> Not Found		
If private insurance available, send copy of card. Patient's Resident County					
Mail Report to: Kirby PHS P.O. Box 11 Mt. Meigs, AL 36057					
ADPH-F-CL-412 AND 413 required with all specimens and cultures		ADPH-F-BCL-413/REV. 3-00			
Provider Number		ZIP CODE			
		Analyst			
		Date Reported			

DEPARTMENT OF CORRECTIONS

9583

AFB SMEAR ALABAMA DEPARTMENT OF PUBLIC HEALTH
BUREAU OF CLINICAL LABORATORIES
87206 8140 AUM DRIVE, P.O. BOX 244018, MONTGOMERY, ALABAMA 36124-4018 (334) 260-3400

Name: Last Adams First Anthony MI 04 State AL Lab # 009583

County Health Dept. CHR Number 1180127 Date of Birth 04/05/56 Sex M Race B

Medicaid Number 1180127 Social Security Number 060204 Date Collected 06/02/04

Specimen submitted: ☒ Sputum ☐ Culture Identification
☐ Bronchial Wash ☐ CSF ☐ Inoc. Media

☐ Other: _____

If private insurance available, send copy of card. Patient's Resident County Kilby PHS

Mail Report to: P.O. Box 11
Mt. Meigs AL 36057 ZIP CODE

ADPH-F-CL-412 AND 413 required with all specimens and cultures

ADPH-F-BCL-413/REV. 3-00 Provider Number _____

Results for Acid-fast bacilli:
☐ Found ☒ Not Found
☐ Rare ☒ Few ☐ Moderate ☐ Numerous
☐ Unsat. Code = _____ (See Reverse)

Analyst MD Date Reported 6/2/04

ADPH-F-CL-412 AND 413 required with all specimens and cultures

ADPH-F-BCL-413/REV. 3-00 Provider Number _____

Results for Acid-fast bacilli:
☐ Found ☒ Not Found
☐ Rare ☒ Few ☐ Moderate ☐ Numerous
☐ Unsat. Code = _____ (See Reverse)

Analyst MD Date Reported 6/2/04

Medicaid Number 1189127 Date of Birth 04/05/56 Sex M Race B

Social Security Number 060704 Date Collected 06/07/04

Specimen submitted: ☒ Sputum ☐ Culture Identification
☐ Bronchial Wash ☐ CSF ☐ Inoc. Media

☐ Other: _____

If private insurance available, send copy of card. Patient's Resident County Kilby PHS

Mail Report to: P.O. Box 11
Mt. Meigs AL 36057 ZIP CODE

ADPH-F-CL-412 AND 413 required with all specimens and cultures

ADPH-F-BCL-413/REV. 3-00 Provider Number _____

Results for Acid-fast bacilli:
☐ Found ☒ Not Found
☐ Rare ☒ Few ☐ Moderate ☐ Numerous
☐ Unsat. Code = _____ (See Reverse)

Analyst VP Date Reported 6/8/04

☐ Other: _____

If private insurance available, send copy of card. Patient's Resident County Kilby PHS

Mail Report to: P.O. Box 11
Mt. Meigs AL 36057 ZIP CODE

ADPH-F-CL-412 AND 413 required with all specimens and cultures

ADPH-F-BCL-413/REV. 3-00 Provider Number _____

Results for Acid-fast bacilli:
☐ Found ☒ Not Found
☐ Rare ☒ Few ☐ Moderate ☐ Numerous
☐ Unsat. Code = _____ (See Reverse)

Analyst MD Date Reported 6/1/04

PATIENT'S NAME LAST	FIRST	MIDDLE	AGE	R/S	ID. NO.

Facility Name: Bullock Correctional Facility										Month/Year of Charting: 02/06																													
zantac 150MG Tab 60.00 Take 1 tablet(s) by mouth twice daily										Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
										110 [Handwritten notes]																													
										170 [Handwritten notes]																													
										Start Date: 11-30-2005					Prescriber: Siddiq, Tahir																								
										Stop Date: 05-28-2006					RX #: 250929004																								
										Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
										Start Date:					Prescriber:																								
										Stop Date:					RX #:																								
										Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
										Start Date:					Prescriber:																								
										Stop Date:					RX #:																								
										Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
										Start Date:					Prescriber:																								
										Stop Date:					RX #:																								
										Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
										Start Date:					Prescriber:																								
										Stop Date:					RX #:																								
										Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
										Start Date:					Prescriber:																								
										Stop Date:					RX #:																								
										Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
										Start Date:					Prescriber:																								
										Stop Date:					RX #:																								
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Facility Name: Bulluck Correctional Facility		Month/Year of Charting: 12/05																																																																																																																					
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Facility Name: Bullock Correctional Facility		Month/Year of Charting: 10/05																																																	
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Facility Name: Bullock Correctional Facility		Month/Year or Charting: 09/05																																																																																														
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Patient ID Number: 180127					5. Lock Down																																																																																											
Patient Name: Adams, Anthony					6. Self Administer																																																																																											
					7. Medication out																																																																																											
					8. Medication Hel																																																																																											
					9. No Show																																																																																											
					10. Other																																																																																											

Facility Name: Bullock Correctional Facility		Month/Year of Charting: 09/05	
Ranitidine HCl 150MG Tab 60.00		Hour	
TAKE 1 TABLET(S) BY MOUTH TWICE DAILY		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	
1100 K 1 18 W K 1			
1700 9 2 1 9 2 0			
Start Date: 06-08-2005		Prescriber: Siddio, Tahir	
Stop Date: 09-05-2005		RX #: 7520293	
Zantac 150ms 180 BID		Hour	
x 90 days		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	
1100			
1700			
Start Date: 9/6/05		Prescriber: Dr. T. Siddio	
Stop Date: 12/4/05		RX #:	
		Hour	
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	
Start Date:		Prescriber:	
Stop Date:		RX #:	
		Hour	
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	
Start Date:		Prescriber:	
Stop Date:		RX #:	
		Hour	
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	
Start Date:		Prescriber:	
Stop Date:		RX #:	
		Hour	
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	
Start Date:		Prescriber:	
Stop Date:		RX #:	
Diagnosis		Nurse's Signature	
Allergies		Initial	
Housing Unit: Population		Nurse's Signature	
Patient ID Number: 180127		Initial	
Patient Name: Adams, Anthony		Documentation C	
		1. Discontinued Ord	
		2. Refused	
		3. Patient out of fe	
		4. Charted in Error	
		5. Lock Down	
		6. Self Administer	
		7. Medication out	
		8. Medication Hel	
		9. No Show	
		10. Other	

Facility Name: Bullock Correctional Facility												Month/Year of Charting: 10/05																	
Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
zantac 150MG Tab 60.00 Take 1 tablet(s) by mouth twice daily												<div> <div>110</div> <div>170</div> </div> <div> <div>110</div> <div>170</div> </div>																	
Start Date: 09-09-2005												Prescriber: Siddio, Tahir																	
Stop Date: 12-07-2005												RX #: 250573901																	
Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
Start Date:												Prescriber:																	
Stop Date:												RX #:																	
Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
Start Date:												Prescriber:																	
Stop Date:												RX #:																	
Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
Start Date:												Prescriber:																	
Stop Date:												RX #:																	
Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
Start Date:												Prescriber:																	
Stop Date:												RX #:																	
Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
Start Date:												Prescriber:																	
Stop Date:												RX #:																	
Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
Start Date:												Prescriber:																	
Stop Date:												RX #:																	
Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
Start Date:												Prescriber:																	
Stop Date:												RX #:																	

Diagnosis	Nurse's Signature	Initial	Nurse's Signature	Initial	Documentation Code
Allergies	Vickie Smith	VS	V. Smith	VS	1. Discontinued Order
Housing Unit:	S. Roberts	SR	S. Roberts	SR	2. Refused
Population	Y. Roberts	YR	Y. Roberts	YR	3. Patient out of facility
Patient ID Number: 180127	Y. Roberts	YR	Y. Roberts	YR	4. Charted in Error
Patient Name: Adams, Anthony	Y. Roberts	YR	Y. Roberts	YR	5. Lock Down
	Y. Roberts	YR	Y. Roberts	YR	6. Self Administered
	Y. Roberts	YR	Y. Roberts	YR	7. Medication out of Stock
	Y. Roberts	YR	Y. Roberts	YR	8. Medication Held
	Y. Roberts	YR	Y. Roberts	YR	9. No Show
	Y. Roberts	YR	Y. Roberts	YR	10. Other

Facility Name: Bullock Correctional Facility

Month/Year of Charting: 01/06

zantac 150MG Tab 60.00

Take 1 tablet(s) by mouth twice daily

Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
1100	gum	BB	BB	BB	BB	BB	BB	BB	BB	BB	BB	BB	BB	BB	BB	BB	BB	BB	BB	BB	BB	BB	BB	BB	BB	BB	BB	BB	BB	BB
1700	BB	BB	BB	BB	BB	BB	BB	BB	BB	BB	BB	BB	BB	BB	BB	BB	BB	BB	BB	BB	BB	BB	BB	BB	BB	BB	BB	BB	BB	BB

Start Date: 11-30-2005

Prescriber: Siddiq, Tahir

Stop Date: 05-28-2006

RX #: 250929004

Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30

Start Date:

Prescriber:

Stop Date:

RX #:

Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30

Start Date:

Prescriber:

Stop Date:

RX #:

Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30

Start Date:

Prescriber:

Stop Date:

RX #:

Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30

Start Date:

Prescriber:

Stop Date:

RX #:

Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30

Start Date:

Prescriber:

Stop Date:

RX #:

Diagnosis

Nurse's Signature

Initial

Nurse's Signature

Initial

- Documentation Code
1. Discontinued Order
 2. Refused
 3. Patient out of facility
 4. Charted in Error
 5. Lock Down
 6. Self Administered
 7. Medication out of Stock
 8. Medication Held
 9. No Show
 10. Other

Allergies

NKA

Housing Unit: Population

Patient ID Number: 180127

Patient Name:

Adams, Anthony

K Smith RN
 A Samuels
 M J. Colbert, RN

W
 AC
 NT

Date of Birth:

AD
 IG
 PS

Facility Name: Bullock Correctional Facility		Month/Year of Charting: 03/06																													
Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
zantac 150MG Tab 60.00 Take 1 tablet(s) by mouth twice daily		<div> <div>110</div> <div>170</div> <div>110</div> <div>170</div> <div>110</div> <div>170</div> <div>110</div> <div>170</div> <div>110</div> <div>170</div> <div>110</div> <div>170</div> <div>110</div> <div>170</div> <div>110</div> <div>170</div> <div>110</div> <div>170</div> <div>110</div> <div>170</div> <div>110</div> <div>170</div> <div>110</div> <div>170</div> <div>110</div> <div>170</div> <div>110</div> <div>170</div> <div>110</div> <div>170</div> <div>110</div> <div>170</div> </div>																													
		Start Date: 11-30-2005															Prescriber: Siddiq, Tahir														
		Stop Date: 05-28-2006															RX #: 250929004														
Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
		Start Date:															Prescriber:														
		Stop Date:															RX #:														
Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
		Start Date:															Prescriber:														
		Stop Date:															RX #:														
Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
		Start Date:															Prescriber:														
		Stop Date:															RX #:														
Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
		Start Date:															Prescriber:														
		Stop Date:															RX #:														
Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
		Start Date:															Prescriber:														
		Stop Date:															RX #:														

Diagnosis	Nurse's Signature	Initial	Nurse's Signature	Initial	Documentation Code
	<i>[Signature]</i>	KS	<i>[Signature]</i>	ms	1. Discontinued Order.
Allergies	<i>[Signature]</i>	AL	<i>[Signature]</i>	KB	2. Refused
Housing Unit: Population	<i>[Signature]</i>	ym	<i>[Signature]</i>	KB	3. Patient out of facility
Patient ID Number: 180127	<i>[Signature]</i>	KB	<i>[Signature]</i>	KB	4. Charted in Error
Patient Name: Adams, Anthony	<i>[Signature]</i>	KB	<i>[Signature]</i>	KB	5. Lock Down
					6. Self Administered
					7. Medication out of Sto
					8. Medication Held
					9. No Show
					10. Other

Facility Name: Bullock Correctional Facility											Month/Year of Charting: 02/06																														
											Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	3
zantac 150MG Tab 60.00																																									
Take 1 tablet(s) by mouth twice daily																																									
											Start Date: 11-30-2005											Prescriber: Siddiq, Tahir																			
											Stop Date: 05-28-2006											RX #: 250929004																			
											Start Date:											Prescriber:																			
											Stop Date:											RX #:																			
											Start Date:											Prescriber:																			
											Stop Date:											RX #:																			
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											Stop Date:											RX #:																			
											Start Date:											Prescriber:																			
											Stop Date:											RX #:																			

Adams, Anthony

MEDICATION ADMINISTRATION RECORD

(BUL-465) BULLOCK CORRECTIONAL FAC

02/01/2005

TDT01

EDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
PYRIDOXINE (VIT B-6) 25MG TAB TAKE 1 TABLET(S) BY MOUTH DAILY																													
RX: 5682985 ROBBINS, M.D. (MED D, MICHAEL , START - 05/27/2004 STOP - 02/20/2005																													
RIFAMPIN (RIMACTANE/RIFADIN) 300MG CAP TAKE 2 CAPSULE(S) BY MOUTH DAILY																													
RX: 5683787 ROBBINS, M.D. (MED D, MICHAEL , START - 05/27/2004 STOP - 02/20/2005																													
DOCUSATE CALCIUM (SURFAK) 240MG CAP TAKE 1 CAPSULE(S) BY MOUTH DAILY																													
RX: 6486508 SIDDIQ, M.D. (MD DIR, TAHIR , M START - 11/07/2004 STOP - 03/09/2005																													
RANITIDINE (ZANTAC) 150MG TAB TAKE 1 TABLET(S) BY MOUTH TWICE DAILY																													
RX: 6630444 SIDDIQ, M.D. (MD DIR, TAHIR , M START - 12/09/2004 STOP - 06/06/2005																													

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
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NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

CHARTING FOR	02/01/2005	THROUGH	02/28/2005
Physician	SIDDIQ, M.D. (MD DIR, TAHIR	Telephone No.	
Alt. Physician		Alt. Telephone	
argies	NONE KNOWN	Rehabilitative Potential	

Diagnosis	
Medicaid Number	Medicare Number
Complete Entries Checked:	
By: Vickie Smith	Title: LPN
PATIENT	PATIENT CODE
ADAMS, ANTHONY	180127
	ROOM NO.
	1

MEDICATION ADMINISTRATION RECORD

03/01/2005

(BUL-465) BULLOCK CORRECTIONAL FAC

STDT01

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
DOUGLASE CALCIUM (SURFAK) 240MG CAP TAKE 1 CAPSULE(S) BY MOUTH DAILY RX: 6486508 SIDDIQ, M.D. (MD DIR. TAHIR, M START - 11/09/2004 STOP - 03/09/2005	1100																												
RANITIDINE (ZANTAC) 150MG TAB TAKE 1 TABLET(S) BY MOUTH TWICE DAILY RX: 6630444 SIDDIQ, M.D. (MD DIR. TAHIR, M START - 12/09/2004 STOP - 06/06/2005	1100																												

MEDICATION ADMINISTRATION RECORD

12/01/2004

(BUL-465) BULLOCK CORRECTIONAL FA

STD01

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27
ISONIAZID (INH) 300MG TAB TAKE 1 TABLET(S) BY MOUTH DAILY ?																												
RX: 5682979 ROBBINS, M.D. (MED D, MICHAEL , START - 05/27/2004 STOP - 02/20/2005																												
PYRIDOXINE (VIT B-6) 25MG TAB TAKE 1 TABLET(S) BY MOUTH DAILY ?																												
RX: 5682985 ROBBINS, M.D. (MED D, MICHAEL , START - 05/27/2004 STOP - 02/20/2005																												
RIFAMPIN (RIMACTANE/RIFADIN) 300MG CAP TAKE 2 CAPSULE(S) BY MOUTH DAILY ?																												
RX: 5683987 ROBBINS, M.D. (MED D, MICHAEL , START - 05/27/2004 STOP - 02/20/2005																												
DOCUSATE CALCIUM (SURFAK) 240MG CAP TAKE 1 CAPSULE(S) BY MOUTH DAILY																												
RX: 6486508 SIDDIQ, M.D. (MD DIR, TAHIR , M START - 11/09/2004 STOP - 03/09/2005																												
PRILOSEC DTC (14 TABS PER BOX) 20MG TAB TAKE ONE TABLET(S) DAILY BY MOUTH **NON-FORTULARY APPROVED UNTIL 12.13.04																												
RX: 6512959 ROBBINS, M.D. (MED D, MICHAEL , START - 11/12/2004 STOP - 12/13/2004																												
Zandac 150mg PO BID x 6 months 12/7/04 to 6/7/05																												

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27
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NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

CHARTING FOR	12/01/2004	THROUGH	12/31/2004
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Physician	ROBBINS, M.D. (MED D, MICHAEL	Telephone No.	Medical
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Alt. Physician		Alt. Telephone	
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Notes	NONE KNOWN	Rehabilitative Potential	
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Diagnosis

Medicaid Number	Medicare Number	Complete Entries Checked
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PATIENT	ADAMS, ANTHONY	By: Victoria Smith	Title: LNU
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PATIENT CODE	180127	ROOM NO.	1
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ADAMS, ANTHONY	180127	1
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01/01/2005

STD01

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
PYRIDOXINE (VIT B-6) 25MG TAB TAKE 1 TABLET(S) BY MOUTH DAILY RX: 5682985 ROBBINS, M.D. (MED D, MICHAEL ; START - 05/27/2004 STOP - 02/20/2005	2																												
RIFAMPIN (RIMACTANE/RIFADIN) 300MG CAP TAKE 2 CAPSULE(S) BY MOUTH DAILY RX: 5683987 ROBBINS, M.D. (MED D, MICHAEL ; START - 05/27/2004 STOP - 02/20/2005	2																												
DDCUSATE CALCIUM (SURFAK) 240MG CAP TAKE 1 CAPSULE(S) BY MOUTH DAILY RX: 6486308 SIDDIQ, M.D. (MD DIR, TAHIR, M START - 11/09/2004 STOP - 03/09/2005	1100	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
RANITIDINE (ZANTAC) 150MG TAB TAKE 1 TABLET(S) BY MOUTH TWICE DAILY RX: 6630444 SIDDIQ, M.D. (MD DIR, TAHIR, M START - 12/09/2004 STOP - 06/06/2005	1100	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
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NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

CHARTING FOR	01/01/2005	THROUGH	01/31/2005
Physician	SIDDIQ, M.D. (MD DIR, TAHIR	Telephone No.	Medical Record
Alt. Physician		Alt. Telephone	
ergies	NONE KNOWN	Rehabilitative Potential	

Diagnosis

Medical Number	Medicare Number	Complete Entries Checked	
PATIENT		By: V. Smith	Title: LPN
ADAMS, ANTHONY		PATIENT CODE	ROOM NO.
		180127	1
		BED	PAF
		Date: 1/2/05	

STD01

MEDICATIONS				HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
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NUBSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

CHARTING FOR 01/01/04

THROUGH 11/9/61

Physician

Telephone No. _____

Medical Record N

Alt. Physician

Alt. Telephone

!nergies

Diagnosis

Medicaid Number

Medicare Number

Complete Entries Checked

By:

Title

Date: 1/1/2

☒ PATIENT

PATIENT CODE

ROOM NO.

BED	FACIL
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780127

12

MEDICATION ADMINISTRATION RECORD

10/01/2004

(KIL-443) KILBY CORRECTIONAL FAC

STD01

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
ISONIAZID (INH) 300MG TAB TAKE 1 TABLET(S) BY MOUTH DAILY																													
RX: 5682979 ROBBINS, M.D. (MED D, MICHAEL , START - 05/27/2004 STOP - 02/20/2005																													
PYRIDOXINE (VIT B-6) 25MG TAB TAKE 1 TABLET(S) BY MOUTH DAILY																													
RX: 5682985 ROBBINS, M.D. (MED D, MICHAEL , START - 05/27/2004 STOP - 02/20/2005																													
RIFAMPIN (RIMACTANE/RIFADIN) 300MG CAP TAKE 2 CAPSULE(S) BY MOUTH DAILY																													
RX: 5683987 ROBBINS, M.D. (MED D, MICHAEL , START - 05/27/2004 STOP - 02/20/2005																													
RAKITIDINE (ZANTAC) 150MG TAB TAKE 1 TABLET(S) BY MOUTH TWICE DAILY (CRUSH PILL AND DISSOLVE IN WATER)																													
RX: 6085046 RIGHTMYER, N.P., JOE , NP START - 09/18/2004 STOP - 11/15/2004																													
DOCUSATE CALCIUM (SURFAK) 240MG CAP TAKE 1 CAPSULE(S) BY MOUTH DAILY																													
RX: 6210301 RIGHTMYER, N.P., JOE , NP START - 09/11/2004 STOP - 03/09/2005																													
OMEPRazole (PRILOSEC) 20MG CAP TAKE 1 CAPSULE(S) BY MOUTH DAILY ***NON-FORMULARY APPROVED UNTIL 12.13.04																													
RX: 6224407 ROBBINS, M.D. (MED D, MICHAEL , START - 09/15/2004 STOP - 12/13/2004																													
Eisapin 300mg QD 7/26 ERROR																													

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28								
NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE																																					
CHARTING FOR		10/01/2004										THROUGH 10/31/2004																									
Physician ROBBINS, M.D. (MED D, MICHAEL														Telephone No.														Medical Record I									
Alt. Physician														Alt. Telephone																							
Medications NONE KNOWN														Rehabilitative Potential																							

Diagnosis

Medicaid Number

Medicare Number

Complete entries checked

Katie Bailey

Title: 4

9/23/04

PATIENT

PATIENT CODE

ROOM NO.

BED

FA

180127

1

09/01/2004
STD01

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
ISONTIAZID (INH) 300MG TAB TAKE 1 TABLET(S) BY MOUTH DAILY RX: 5682979 ROBBINS, M.D. (MED D, MICHAEL START - 05/27/2004 STOP - 02/20/2005																													
PYRIDOXINE (VIT B-6) 25MG TAB TAKE 1 TABLET(S) BY MOUTH DAILY RX: 5682985 ROBBINS, M.D. (MED D, MICHAEL START - 05/27/2004 STOP - 02/20/2005																													
RIFAMPIN (RIMACTANE/RIFADIN) 300MG CAP TAKE 2 CAPSULE(S) BY MOUTH DAILY RX: 5683987 ROBBINS, M.D. (MED D, MICHAEL START - 05/27/2004 STOP - 02/20/2005																													
HETORRHIDAL (PREP-H) SUPP UNWRAP & INSERT 1 SUPPOSITORY PER RECTUM TWICE DAILY FOR 30 DAYS AS NEEDED RX: 6033718 ADAMS, N.P., BRADFORD, NP START - 08/13/2004 STOP - 09/11/2004																													
RANITIDINE (ZANTAC) 150MG TAB TAKE 1 TABLET(S) BY MOUTH TWICE DAILY (CRUSH PILL AND DISSOLVE IN WATER) RX: 6085046 RIGHTMYER, N.P., JOE, NP START - 08/18/2004 STOP - 11/15/2004																													
Rifampin 300mg 9/26-9-30-04 Omeprazole 20mg 9/10- Sulfag 240mg 9/10	0900																												

MEDICATIONS		HOUR		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE																															
CHARTING FOR 09/01/2004 THROUGH 09/30/2004																															
Physician RIGHTMYER, N.P., JOE																Telephone No.															
Alt. Physician																Alt. Telephone															
Allergies NONE KNOWN																Rehabilitative Potential															
Diagnosis																															
Medicaid Number																Medicare Number															
PATIENT ADAMS, ANTHONY																Title: <u>u</u> PATIENT CODE 180127 ROOM NO. 1 BED 1															

MEDICATION ADMINISTRATION RECORD

08/01/2004

(KIL-445) KILBY CORRECTIONAL FAC

STD01

MEDICATIONS	DOSE	TIME	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
ISONIAZID (INH) 300MG TAB TAKE 1 TABLET(S) BY MOUTH DAILY																																		
RX: 5682979 ROBBINS, M.D. (MED D, MICHAEL , START - 05/27/2004 STOP - 02/20/2005																																		
PYRIDOXINE (VIT B-6) 25MG TAB TAKE 1 TABLET(S) BY MOUTH DAILY																																		
RX: 5682985 ROBBINS, M.D. (MED D, MICHAEL , START - 05/27/2004 STOP - 02/20/2005																																		
RIFAMPIN (RIMACTANE/RIFADIN) 300MG CAP TAKE 2 CAPSULE(S) BY MOUTH DAILY																																		
RX: 5683987 ROBBINS, M.D. (MED D, MICHAEL , START - 05/27/2004 STOP - 02/20/2005																																		
Rifampin 300mg - 1 cap PO BID 9:00 AM 8-5-8/12	0900																																	
ANNUsol HC - BID x 7 day then 8-5-8/12	0900 1800																																	
ANNUsol Supp PR BID PRN x 300 8-13-9/13/04																																		
Colace 100mg BID x 10 day 8-6-8/15/04	0900 1800																																	
Zantac 150mg - PO BID x 90d 8/16/04 11/16/04	0900 1800																																	
Crush Pills + dissolve Capsules content in 8/16/04 H2O pt has problems 11/16/04 Swallowing																																		

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

CHARTING FOR	08/01/2004	THROUGH	08/31/2004
Physician	ROBBINS, M.D. (MED D, MICHAEL	Telephone No.	Medical Record
Alt. Physician	NONE KNOWN	Alt. Telephone	
Allergies		Rehabilitative Potential	

Diagnosis

Medicaid Number	Medicare Number	Complete Entries Checked:	Title:	Date:
PATIENT		By:	PATIENT CODE	ROOM NO. BED FAC

MEDICATION ADMINISTRATION RECORD

07/01/2004

(KIL-445) KILBY CORRECTIONAL FAC

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
PYRAZINAMIDE (P. Z. A.) 500MG TAB TAKE 3 TABLET(S) BY MOUTH DAILY	0900	[Handwritten: 1/1/04, 1/2/04, 1/3/04, 1/4/04, 1/5/04, 1/6/04, 1/7/04, 1/8/04, 1/9/04, 1/10/04, 1/11/04, 1/12/04, 1/13/04, 1/14/04, 1/15/04, 1/16/04, 1/17/04, 1/18/04, 1/19/04, 1/20/04, 1/21/04, 1/22/04, 1/23/04, 1/24/04, 1/25/04, 1/26/04, 1/27/04, 1/28/04]																											
RX: 5682969 ROBBINS, M.D. (MED D, MICHAEL , START - 05/27/2004 STOP - 07/25/2004																													
ETHAMBUTOL (MYAMBUTOL) 400MG TAB TAKE 3 TABLET(S) BY MOUTH DAILY	0900	[Handwritten: 1/1/04, 1/2/04, 1/3/04, 1/4/04, 1/5/04, 1/6/04, 1/7/04, 1/8/04, 1/9/04, 1/10/04, 1/11/04, 1/12/04, 1/13/04, 1/14/04, 1/15/04, 1/16/04, 1/17/04, 1/18/04, 1/19/04, 1/20/04, 1/21/04, 1/22/04, 1/23/04, 1/24/04, 1/25/04, 1/26/04, 1/27/04, 1/28/04]																											
RX: 5682974 ROBBINS, M.D. (MED D, MICHAEL , START - 05/27/2004 STOP - 07/25/2004																													
ISONIAZID (INH) 300MG TAB TAKE 1 TABLET(S) BY MOUTH DAILY	0900	[Handwritten: 1/1/04, 1/2/04, 1/3/04, 1/4/04, 1/5/04, 1/6/04, 1/7/04, 1/8/04, 1/9/04, 1/10/04, 1/11/04, 1/12/04, 1/13/04, 1/14/04, 1/15/04, 1/16/04, 1/17/04, 1/18/04, 1/19/04, 1/20/04, 1/21/04, 1/22/04, 1/23/04, 1/24/04, 1/25/04, 1/26/04, 1/27/04, 1/28/04]																											
RX: 5682979 ROBBINS, M.D. (MED D, MICHAEL , START - 05/27/2004 STOP - 02/20/2005																													
PYRIDOXINE (VIT B-6) 25MG TAB TAKE 1 TABLET(S) BY MOUTH DAILY	0900	[Handwritten: 1/1/04, 1/2/04, 1/3/04, 1/4/04, 1/5/04, 1/6/04, 1/7/04, 1/8/04, 1/9/04, 1/10/04, 1/11/04, 1/12/04, 1/13/04, 1/14/04, 1/15/04, 1/16/04, 1/17/04, 1/18/04, 1/19/04, 1/20/04, 1/21/04, 1/22/04, 1/23/04, 1/24/04, 1/25/04, 1/26/04, 1/27/04, 1/28/04]																											
RX: 5682985 ROBBINS, M.D. (MED D, MICHAEL , START - 05/27/2004 STOP - 02/20/2005																													
RIFAMPIN (RIMACTANE/RIFADIN) 300MG CAP TAKE 2 CAPSULE(S) BY MOUTH DAILY	0900	[Handwritten: 1/1/04, 1/2/04, 1/3/04, 1/4/04, 1/5/04, 1/6/04, 1/7/04, 1/8/04, 1/9/04, 1/10/04, 1/11/04, 1/12/04, 1/13/04, 1/14/04, 1/15/04, 1/16/04, 1/17/04, 1/18/04, 1/19/04, 1/20/04, 1/21/04, 1/22/04, 1/23/04, 1/24/04, 1/25/04, 1/26/04, 1/27/04, 1/28/04]																											
RX: 5683987 ROBBINS, M.D. (MED D, MICHAEL , START - 05/27/2004 STOP - 02/20/2005																													
Chest X-ray monthly white on T.B. med X 2204.5-264-22065	7/4/04	[Handwritten: 1/1/04, 1/2/04, 1/3/04, 1/4/04, 1/5/04, 1/6/04, 1/7/04, 1/8/04, 1/9/04, 1/10/04, 1/11/04, 1/12/04, 1/13/04, 1/14/04, 1/15/04, 1/16/04, 1/17/04, 1/18/04, 1/19/04, 1/20/04, 1/21/04, 1/22/04, 1/23/04, 1/24/04, 1/25/04, 1/26/04, 1/27/04, 1/28/04]																											
Chem profile q month white on T.B. med 5-264	0900	[Handwritten: 1/1/04, 1/2/04, 1/3/04, 1/4/04, 1/5/04, 1/6/04, 1/7/04, 1/8/04, 1/9/04, 1/10/04, 1/11/04, 1/12/04, 1/13/04, 1/14/04, 1/15/04, 1/16/04, 1/17/04, 1/18/04, 1/19/04, 1/20/04, 1/21/04, 1/22/04, 1/23/04, 1/24/04, 1/25/04, 1/26/04, 1/27/04, 1/28/04]																											
Spectrum for AFB q month white on T.B. med. 5264	05WAM	[Handwritten: 1/1/04, 1/2/04, 1/3/04, 1/4/04, 1/5/04, 1/6/04, 1/7/04, 1/8/04, 1/9/04, 1/10/04, 1/11/04, 1/12/04, 1/13/04, 1/14/04, 1/15/04, 1/16/04, 1/17/04, 1/18/04, 1/19/04, 1/20/04, 1/21/04, 1/22/04, 1/23/04, 1/24/04, 1/25/04, 1/26/04, 1/27/04, 1/28/04]																											
Rifampin 300mg - 4 caps q D stop 9/30/04 9/30/04	900	[Handwritten: 1/1/04, 1/2/04, 1/3/04, 1/4/04, 1/5/04, 1/6/04, 1/7/04, 1/8/04, 1/9/04, 1/10/04, 1/11/04, 1/12/04, 1/13/04, 1/14/04, 1/15/04, 1/16/04, 1/17/04, 1/18/04, 1/19/04, 1/20/04, 1/21/04, 1/22/04, 1/23/04, 1/24/04, 1/25/04, 1/26/04, 1/27/04, 1/28/04]																											

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

CHARTING FOR 07/01/2004 THROUGH 07/31/2004		Medical Record I	
Physician ROBBINS, M.D. (MED D, MICHAEL	Telephone No.		
Alt. Physician	Alt. Telephone		
Allergies NONE KNOWN	Rehabilitative Potential		
Diagnosis			
Medicaid Number	Medicare Number	Complete Entries Checked	Title: Lr
PATIENT	By: [Signature]	PATIENT CODE	Date: 6/6
		ROOM NO.	BED FACI

MEDICATION ADMINISTRATION RECORD

STD01

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27
PZA 1500 mg PO QD X 60d 5-26-04 7-26-04	0900																											
Isoniazid 1200 mg PO QD X 60d 5-26-04 7-26-04	0900																											
INH 300 mg PO QD X 270d 5-26-04 2-26-05	0900																											
B6 25mg PO QD X 270d 5-26-04 2-26-05	0900																											
Rifampin 600mg PO QD X 270d 5-26-04 2-26-05	0900																											
C-XRay Q month while on TB meds X 270d 5-26-04 2-26-05	7 Y I																											
Chem profile Q month while on TB meds																												
Sputum for AFB Q week X 4 then Q month while on TB meds	0300 7YI																											
5-26-04																												

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27
NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE																												
CHARTING FOR	6-1-04	THROUGH										6-30-04																
Physician	Dr. Robbins										Telephone No.										Medical Record							
Alt. Physician	Haldol										Alt. Telephone																	
Allergies											Rehabilitative Potential																	

Diagnosis																													
Medicaid Number	Medicare Number	Complete Entries Checked:																											
		By: S. Vaughn										Title: lpm										Date: 5-							
PATIENT	Adams, Anthony										PATIENT CODE										ROOM NO.					BED		FAC	
										180127																	k		

MEDICATION ADMINISTRATION RECORD

STD01

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
PZA 1500mg PO QD X 60d (3406) 5-26-4 7264	0900																												
Ethambutol 1200mg PO QD X 60d (4718) 5-26-4 → 7264	0900																												
INH 300mg PO QD X 270d 5/26/4 → 2265	0900																												
B ₆ 25mg PO QD X 270d 5-26-4 → 2265	0900																												
Rifampin 600mg PO QD X 270d 2caps 5-26-4 → 2265	0900																												
Chest X-ray q month while on T.B. meds X 270d. 5-26-4 → 2265	0900																												
Chem profile q month while on T.B. meds. 5-26-4 → 2-26-5	0900																												
Chem profile / CBC this AM. 5/26/4 → 5/26/4	0900																												
Sputum for AFB & AM X 3 then q week X 6 then q month while on TB drugs	0300																												

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
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NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE			
CHARTING FOR	5/26/4	THROUGH	5/31/4
Physician	Rosen	Telephone No.	
Alt. Physician		Alt. Telephone	
Allergies	Handed	Rehabilitative Potential	
Diagnosis			

Medicaid Number	Medicare Number	Complete Entries Checked	By: B. Piza	Title: LP	Date: 5/26/4
PATIENT	Adams, Anthony	PATIENT CODE	ROOM NO.	BED	18012

Medicaid Number	Medicare Number	Complete Entries Checked: By: <i>Vickie Smith</i>	Title: <i>CPN</i>	Date:
PATIENT:			PATIENT CODE 185102	ROOM NO. 1

02/01/2004

STD01

MEDICATIONS		HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27
RANITIDINE (ZANTAC) 150MG TAB TAKE 1 TABLET(S) BY MOUTH TWICE DAILY																													
RX: 4092058 SIDDIG, H.D. (MD DIR, TAHIR , START - 12/05/2003 STOP - 04/01/2004		1100	A	A																									
		1700	A	A	A																								

MEDICATIONS		HOUR															
NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE																	
CHARTING FOR		02/01/2004		THROUGH		02/28/2004											
Physician								SIDDIQ, M.D. (MD DIR, TAHIR								Medical Reco	
Alt. Physician								Telephone No.									
								Alt. Telephone									
Allergies								NONE KNOWN								Rehabilitative Potential	
Diagnosis																	
Medicaid Number				Medicare Number				Complete Entries Checked									
								By: Vickie Smith									
								Title: CPO									
								PATIENT CODE				ROOM NO.					
								180127				1					
PATIENT:				ADAMS, ANTHONY								Date: 1/1/04					

(BUL-465) BULLOCK CORRECTIONAL FAC

[illegible]

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

CHARTING FOR		01/01/2004	THROUGH	01/31/2004
Physician	SIDDIQ, H. D. (MD DIR. TAHIR			Telephone No.
Alt. Physician				Alt. Telephone
Referrals	NONE KNOWN			Rehabilitative Potential

Medicaid Number	Medicare Number	Complete Entries Checked: By: <i>Nichelle Smith</i>	Title: <i>LPN</i>	Date: <i>12/2</i>
PATIENT ADAMS, ANTHONY			PATIENT CODE 180127	ROOM NO. 1
			BED	FACILITY

Facility Name: <u>Bullock</u>										Month/Year of Charting: <u>6/00</u>									
<u>Zantac 150x PO BID</u> <u>X 1800g</u>										<u>11/01</u> <u>12/01</u> <u>1/02</u> <u>2/02</u> <u>3/02</u> <u>4/02</u> <u>5/02</u> <u>6/02</u> <u>7/02</u> <u>8/02</u> <u>9/02</u> <u>10/02</u> <u>11/02</u> <u>12/02</u> <u>1/03</u> <u>2/03</u> <u>3/03</u> <u>4/03</u> <u>5/03</u> <u>6/03</u> <u>7/03</u> <u>8/03</u> <u>9/03</u> <u>10/03</u> <u>11/03</u> <u>12/03</u> <u>1/04</u> <u>2/04</u> <u>3/04</u> <u>4/04</u> <u>5/04</u> <u>6/04</u> <u>7/04</u> <u>8/04</u> <u>9/04</u> <u>10/04</u> <u>11/04</u> <u>12/04</u> <u>1/05</u> <u>2/05</u> <u>3/05</u> <u>4/05</u> <u>5/05</u> <u>6/05</u> <u>7/05</u> <u>8/05</u> <u>9/05</u> <u>10/05</u> <u>11/05</u> <u>12/05</u> <u>1/06</u> <u>2/06</u> <u>3/06</u> <u>4/06</u> <u>5/06</u> <u>6/06</u> <u>7/06</u> <u>8/06</u> <u>9/06</u> <u>10/06</u> <u>11/06</u> <u>12/06</u> <u>1/07</u> <u>2/07</u> <u>3/07</u> <u>4/07</u> <u>5/07</u> <u>6/07</u> <u>7/07</u> <u>8/07</u> <u>9/07</u> <u>10/07</u> <u>11/07</u> <u>12/07</u> <u>1/08</u> <u>2/08</u> <u>3/08</u> <u>4/08</u> <u>5/08</u> <u>6/08</u> <u>7/08</u> <u>8/08</u> <u>9/08</u> <u>10/08</u> <u>11/08</u> <u>12/08</u> <u>1/09</u> <u>2/09</u> <u>3/09</u> <u>4/09</u> <u>5/09</u> <u>6/09</u> <u>7/09</u> <u>8/09</u> <u>9/09</u> <u>10/09</u> <u>11/09</u> <u>12/09</u> <u>1/10</u> <u>2/10</u> <u>3/10</u> <u>4/10</u> <u>5/10</u> <u>6/10</u> <u>7/10</u> <u>8/10</u> <u>9/10</u> <u>10/10</u> <u>11/10</u> <u>12/10</u> <u>1/11</u> <u>2/11</u> <u>3/11</u> <u>4/11</u> <u>5/11</u> <u>6/11</u> <u>7/11</u> <u>8/11</u> <u>9/11</u> <u>10/11</u> <u>11/11</u> <u>12/11</u> <u>1/12</u> <u>2/12</u> <u>3/12</u> <u>4/12</u> <u>5/12</u> <u>6/12</u> <u>7/12</u> <u>8/12</u> <u>9/12</u> <u>10/12</u> <u>11/12</u> <u>12/12</u> <u>1/13</u> <u>2/13</u> <u>3/13</u> <u>4/13</u> <u>5/13</u> <u>6/13</u> <u>7/13</u> <u>8/13</u> <u>9/13</u> <u>10/13</u> <u>11/13</u> <u>12/13</u> <u>1/14</u> <u>2/14</u> <u>3/14</u> <u>4/14</u> <u>5/14</u> <u>6/14</u> <u>7/14</u> <u>8/14</u> <u>9/14</u> <u>10/14</u> <u>11/14</u> <u>12/14</u> <u>1/15</u> <u>2/15</u> <u>3/15</u> <u>4/15</u> <u>5/15</u> <u>6/15</u> <u>7/15</u> <u>8/15</u> <u>9/15</u> <u>10/15</u> <u>11/15</u> <u>12/15</u> <u>1/16</u> <u>2/16</u> <u>3/16</u> <u>4/16</u> <u>5/16</u> <u>6/16</u> <u>7/16</u> <u>8/16</u> <u>9/16</u> <u>10/16</u> <u>11/16</u> <u>12/16</u> <u>1/17</u> <u>2/17</u> <u>3/17</u> <u>4/17</u> <u>5/17</u> <u>6/17</u> <u>7/17</u> <u>8/17</u> <u>9/17</u> <u>10/17</u> <u>11/17</u> <u>12/17</u> <u>1/18</u> <u>2/18</u> <u>3/18</u> <u>4/18</u> <u>5/18</u> <u>6/18</u> <u>7/18</u> <u>8/18</u> <u>9/18</u> <u>10/18</u> <u>11/18</u> <u>12/18</u> <u>1/19</u> <u>2/19</u> <u>3/19</u> <u>4/19</u> <u>5/19</u> <u>6/19</u> <u>7/19</u> <u>8/19</u> <u>9/19</u> <u>10/19</u> <u>11/19</u> <u>12/19</u> <u>1/20</u> <u>2/20</u> <u>3/20</u> <u>4/20</u> <u>5/20</u> <u>6/20</u> <u>7/20</u> <u>8/20</u> <u>9/20</u> <u>10/20</u> <u>11/20</u> <u>12/20</u> <u>1/21</u> <u>2/21</u> <u>3/21</u> <u>4/21</u> <u>5/21</u> <u>6/21</u> <u>7/21</u> <u>8/21</u> <u>9/21</u> <u>10/21</u> <u>11/21</u> <u>12/21</u> <u>1/22</u> <u>2/22</u> <u>3/22</u> <u>4/22</u> <u>5/22</u> <u>6/22</u> <u>7/22</u> <u>8/22</u> <u>9/22</u> <u>10/22</u> <u>11/22</u> <u>12/22</u> <u>1/23</u> <u>2/23</u> <u>3/23</u> <u>4/23</u> <u>5/23</u> <u>6/23</u> <u>7/23</u> <u>8/23</u> <u>9/23</u> <u>10/23</u> <u>11/23</u> <u>12/23</u> <u>1/24</u> <u>2/24</u> <u>3/24</u> <u>4/24</u> <u>5/24</u> <u>6/24</u> <u>7/24</u> <u>8/24</u> <u>9/24</u> <u>10/24</u> <u>11/24</u> <u>12/24</u> <u>1/25</u> <u>2/25</u> <u>3/25</u> <u>4/25</u> <u>5/25</u> <u>6/25</u> <u>7/25</u> <u>8/25</u> <u>9/25</u> <u>10/25</u> <u>11/25</u> <u>12/25</u> <u>1/26</u> <u>2/26</u> <u>3/26</u> <u>4/26</u> <u>5/26</u> <u>6/26</u> <u>7/26</u> <u>8/26</u> <u>9/26</u> <u>10/26</u> <u>11/26</u> <u>12/26</u> <u>1/27</u> <u>2/27</u> <u>3/27</u> <u>4/27</u> <u>5/27</u> <u>6/27</u> <u>7/27</u> <u>8/27</u> <u>9/27</u> <u>10/27</u> <u>11/27</u> <u>12/27</u> <u>1/28</u> <u>2/28</u> <u>3/28</u> <u>4/28</u> <u>5/28</u> <u>6/28</u> <u>7/28</u> <u>8/28</u> <u>9/28</u> <u>10/28</u> <u>11/28</u> <u>12/28</u> <u>1/29</u> <u>2/29</u> <u>3/29</u> <u>4/29</u> <u>5/29</u> <u>6/29</u> <u>7/29</u> <u>8/29</u> <u>9/29</u> <u>10/29</u> <u>11/29</u> <u>12/29</u> <u>1/30</u> <u>2/30</u> <u>3/30</u> <u>4/30</u> <u>5/30</u> <u>6/30</u> <u>7/30</u> <u>8/30</u> <u>9/30</u> <u>10/30</u> <u>11/30</u> <u>12/30</u> <u>1/31</u> <u>2/31</u> <u>3/31</u> <u>4/31</u> <u>5/31</u> <u>6/31</u> <u>7/31</u> <u>8/31</u> <u>9/31</u> <u>10/31</u> <u>11/31</u> <u>12/31</u>									
										Start Date: <u>5-25-00</u> Stop Date: <u>11-25-00</u> Prescriber: <u>JICG</u> RX #: <u></u>									
										<u>11/01</u> <u>12/01</u> <u>1/02</u> <u>2/02</u> <u>3/02</u> <u>4/02</u> <u>5/02</u> <u>6/02</u> <u>7/02</u> <u>8/02</u> <u>9/02</u> <u>10/02</u> <u>11/02</u> <u>12/02</u> <u>1/03</u> <u>2/03</u> <u>3/03</u> <u>4/03</u> <u>5/03</u>									

Diagnosis	Nurse's Signature	Initial	Nurse's Signature	Initial	Documentation C
Allergies NKDA	<i>[Signature]</i> LPN	JA	<i>[Signature]</i>	<i>[Initial]</i>	1. Discontinued Order
Housing Unit: POP	<i>[Signature]</i>		<i>[Signature]</i>	<i>[Initial]</i>	2. Refused
Patient ID Number: 180127			<i>[Signature]</i>	<i>[Initial]</i>	3. Patient out of facility
Patient Name: Anderson, Anthony					4. Charted in Error
					5. Lock Down
					6. Self Administered
					7. Medication out of stock
					8. Medication Held
					9. No Show
					10. Other

Facility Name: Bullock Correctional Facility												Month/Year of Charting: 08/05																
Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
Ranitidine HCl 150MG Tab 60.00																												
TAKE 1 TABLET(S) BY MOUTH TWICE DAILY												1100 <i>[Handwritten: 1 tablet]</i>																
1700 <i>[Handwritten: 1 tablet]</i>																												
Start Date: 06-08-2005												Prescriber: Siddio, Tahir																
Stop Date: 09-05-2005												RX #: 7520293																
Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
Start Date:												Prescriber:																
Stop Date:												RX #:																
Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
Start Date:												Prescriber:																
Stop Date:												RX #:																
Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
Start Date:												Prescriber:																
Stop Date:												RX #:																
Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
Start Date:												Prescriber:																
Stop Date:												RX #:																
Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
Start Date:												Prescriber:																
Stop Date:												RX #:																
Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
Start Date:												Prescriber:																
Stop Date:												RX #:																
Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
Start Date:												Prescriber:																
Stop Date:												RX #:																
Diagnosis												Nurse's Signature																
Allergies: NKA												Initial																
Housing Unit:												Nurse's Signature																
Population:												Initial																
Patient ID Number: 180127												Documents																
Patient Name: Adams, Anthony												1. Discontinue																
												2. Refused																
												3. Patient of																
												4. Charted																
												5. Lock Do																
												6. Self Adr																
												7. Medic																
												8. Medic																
												9. No SI																

MEDICATION ADMINISTRATION RECORD

07/01/2005

(BUL-465) BULLOCK CORRECTIONAL F

STD01

[illegible]

MEDICATIONS		HOUR		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26				
NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE																																	
CHARTING FOR		07/01/2005										THROUGH										07/31/2005											
Physician		SIDDIQ. M.D., TAHIR																				Telephone No.										Medical	
Att. Physician																						Alt. Telephone											
Allergies		NONE KNOWN																				Rehabilitative Potential											

Diagnosis				
Medical Number	Medicare Number	Complete Entries Checked: By: <i>Jonathan Mesly</i>	Title: <i>LPN</i>	Date
PATIENT <i>ADAMS, ANTHONY</i>			PATIENT CODE <i>180127</i>	ROOM NO. <i>1</i>

45437

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE				
ORDERED FOR		05/01/2004	THROUGH	05/31/2004
Physician		SIDOTA, M.D. (MD DIR. TAHIR		Telephone No.
Alt. Physician				Alt. Telephone
Referral		NONE KNOWN		Rehabilitative Potential
Diagnosis				
Referral Number		Medicare Number	Complete Entries Checked:	
			By: Vickie Smith Title: LPN Date: 4	
PATIENT			PATIENT CODE	ROOM NO.
ADAMS, ANTHONY			180127	1

RX: 6630444 SIDDIQ, A.D. (MD DIR, TAHIR
 START - 12/07/2004 STOP - 06/06/2005

[illegible][illegible]

MEDICATIONS		HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27
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NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

CHARTING FOR	05/01/2005
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THROUGH

05/31/2005

Physician **SIDDIQ, M. D. (MD DR. TAHIR**

Telephone No. _____

Medical Recd

Alt. Physician

Alt. Telephone

HOME KNOLIN

Rehabilitative
Potential

Diagnosis

Medicaid Number

Medicare number

Complete Entries Checked:

By:

Title:

PATIENT

PATIENT CODE

ROOM NO.

FEAR, ANGER

180127

1

(BIL-465) BULLOCK CORRECTIONAL F

STD01

[illegible]

MEDICATIONS		HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27						
NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE																																			
CHARTING FOR		04/01/2005				THROUGH				04/30/2005																									
Physician														SIDDIQ, M.D. (MD DIR. TAHIR														Telephone No.						Medical Rec	
Alt. Physician														NONE KNOWN														Alt. Telephone							
Allergies														NONE KNOWN														Rehabilitative Potential							
Diagnosis																																			
Medicaid Number						Medicare Number						Complete Entries Checked																							
												By: J. Cawthon RN																							
PATIENT														ADAMS, ANTHONY														PATIENT CODE				ROOM NO.			
																												190127				1			

AFB SMEAR		ALABAMA DEPARTMENT OF PUBLIC HEALTH BUREAU OF CLINICAL LABORATORIES		State	
87206		8140 AUM. DRIVE, P.O. BOX 244018, MONTGOMERY, ALABAMA 36124-4018 (334) 260-3400		Lab # 10010	
Name: Last	First	MI	Shaded area for Laboratory use only		
County Health Dept. CHR Number	Date of Birth	MM DD YY	Date Received	MM DD YY	
Medicaid Number	Sex	Race	Results for Acid-fast bacilli:		
Social Security Number	Date Collected	MM DD YY	<input type="checkbox"/> Found <input checked="" type="checkbox"/> Not Found <input type="checkbox"/> Rare <input type="checkbox"/> Few <input type="checkbox"/> Moderate <input type="checkbox"/> Numerous <input type="checkbox"/> Unsat. Code = (See Reverse)		
Specimen submitted:	<input checked="" type="checkbox"/> Sputum <input type="checkbox"/> Bronchial Wash <input type="checkbox"/> CSF <input type="checkbox"/> Other:		<input type="checkbox"/> Culture Identification <input type="checkbox"/> Inoc. Media		
If private insurance available, send copy of card.			Patient's Resident County		
Mail Report to:			Kirby PHS PO Box 11 Mt. Meigs AL 36057		
ADPH-F-CL-412 AND 413 required with all specimens and cultures			ADPH-F-BCL-413/REV. 3-00		
Provider Number			ZIP CODE		
Analyst			Date Reported		

10362

AFB SMEAR		ALABAMA DEPARTMENT OF PUBLIC HEALTH BUREAU OF CLINICAL LABORATORIES		State
87206		8140 AUM DRIVE, P.O. BOX 244018, MONTGOMERY, ALABAMA 36124-4018 (334) 260-3400		Lab # 010362
Name: Last Adams	First Anthony	MI	Shaded area for Laboratory use only	Date Received MM DD YY 6 22 04
County Health Dept. CHR Number	Date of Birth MM DD YY 01/10/56	Sex M	Race B	Results for Acid-fast bacilli: <input type="checkbox"/> Found <input checked="" type="checkbox"/> Not Found <input type="checkbox"/> Rare <input type="checkbox"/> Few <input type="checkbox"/> Moderate <input type="checkbox"/> Numerous <input type="checkbox"/> Unsat. Code = (See Reverse)
Medicaid Number	Date Collected MM DD YY 06/21/04			
Social Security Number	Specimen submitted: <input checked="" type="checkbox"/> Sputum <input type="checkbox"/> Culture Identification			
	<input type="checkbox"/> Bronchial Wash <input type="checkbox"/> CSF <input type="checkbox"/> Inoc. Media			
	<input type="checkbox"/> Other:			
If private insurance available, send copy of card.		Patient's Resident County		
Mail Report to: Kirby PHS		P.O. Box 11		
ADPH-F-CL-412 AND 413 required with all specimens and cultures		MT. Meigs, AL 36057		
ADPH-F-BCL-413/REV. 3-00		Provider Number		Analyst W Date Reported MM DD YY 6 22 04

10590

AFB SMEAR		ALABAMA DEPARTMENT OF PUBLIC HEALTH BUREAU OF CLINICAL LABORATORIES		State
87206		8140 AUM DRIVE, P.O. BOX 244018, MONTGOMERY, ALABAMA 36124-4018 (334) 260-3400		Lab # 010590
Name: Last Adams	First Anthony	MI	Shaded area for Laboratory use only	Date Received MM DD YY 6 29 04
County Health Dept. CHR Number	Date of Birth MM DD YY 01/10/56	Sex M	Race B	Results for Acid-fast bacilli: <input type="checkbox"/> Found <input checked="" type="checkbox"/> Not Found <input type="checkbox"/> Rare <input type="checkbox"/> Few <input type="checkbox"/> Moderate <input type="checkbox"/> Numerous <input type="checkbox"/> Unsat. Code = (See Reverse)
Medicaid Number	Date Collected MM DD YY 06/21/04			
Social Security Number	Specimen submitted: <input checked="" type="checkbox"/> Sputum <input type="checkbox"/> Culture Identification			
	<input type="checkbox"/> Bronchial Wash <input type="checkbox"/> CSF <input type="checkbox"/> Inoc. Media			
	<input type="checkbox"/> Other:			
If private insurance available, send copy of card.		Patient's Resident County		
Mail Report to: Kirby PHS		P.O. Box 11		
ADPH-F-CL-412 AND 413 required with all specimens and cultures		MT. Meigs, AL 36057		
ADPH-F-BCL-413/REV. 3-00		Provider Number		Analyst W Date Reported MM DD YY 6 29 04

DEPARTMENT OF CORRECTIONS

AFB CULTURE		ALABAMA DEPARTMENT OF PUBLIC HEALTH BUREAU OF CLINICAL LABORATORIES		State	9583
87117 8140 AUM DRIVE, P.O. BOX 244018, MONTGOMERY, ALABAMA 36124-4018 (334) 260-3400		Lab #		009580	
Name: Last	First	MI	Shaded area for Laboratory use only		
Adams	Anthony		Date Received MM DD YY 6 2 04		
County Health Dept. CHR Number	Date of Birth	MM DD YY	Results		
	04/05/56		<input type="checkbox"/> M. tuberculosis complex <input type="checkbox"/> M. avium complex <input type="checkbox"/> M. gordonae <input checked="" type="checkbox"/> No Mycobacteria Isolated <input type="checkbox"/> Unsat. Code = See Reverse <input type="checkbox"/> Other:		
Medicaid Number	Sex	Race	Amt. of Growth		
1180127	M	B	+		
Social Security Number	Date Collected	MM DD YY	Colonies		
	06/02/04				
Specimen submitted: <input checked="" type="checkbox"/> Sputum		<input type="checkbox"/> Culture Identification			
<input type="checkbox"/> Bronchial Wash		<input type="checkbox"/> Inoc. Media			
<input type="checkbox"/> Other:					
If private insurance available, send copy of card.		Patient's Resident County			
Mail Report to: Kilby PHB					
P.O. Box 11					
Mt. Meigs		AL 36057			
ADPH-F-CL-412 AND 413 required with all specimens and cultures		ZIP CODE			
ADPH-F-BCL-412/REV. 3-00		Provider Number			
		Analyst			
		Date Reported MM DD YY 7 22 04			

PATIENT'S NAME LAST	FIRST	MIDDLE	AGE	R/S	ID. NO.

Laboratory Corporation of America

SPECIMEN	TYPE	PRIMARY LAB	REPORT STATUS	Page #:
203-205-5102-0	S	MB	COMPLETE	1

ADDITIONAL INFORMATION					
WW		FASTING: N DOB: 4/05/1956			
PATIENT NAME			SEX	AGE(YR./MOS.)	
ADAMS,ANTHONY			M	48 / 3	
PT. ADD.:					
DATE OF SPECIMEN	TIME	DATE RECEIVED	DATE REPORTED	TIME	
7/21/2004	11:07	7/21/2004	7/22/2004	8:27	5748

CLINICAL INFORMATION	
CD- 95202806567	
PHYSICIAN ID.	PATIENT ID.
ROBBINS M	180127
ACCOUNT: Kilby Correctional Facility Prison Health Services 12201 Wares Ferry Road Mt. Meigs AL 36507-0000	
ACCOUNT NUMBER: 01306900	

TEST	RESULT	LIMITS	LAB
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CMP12+LP+TP+TSH+6AC+CBC/D/Plt

Chemistries

Glucose, Serum	96	mg/dL	65 - 99	MB
Uric Acid, Serum	5.9	mg/dL	2.4 - 8.2	MB
BUN	8	mg/dL	5 - 26	MB
Creatinine, Serum	0.8	mg/dL	0.5 - 1.5	MB
BUN/Creatinine Ratio	10		8 - 27	
Sodium, Serum	140	mmol/L	135 - 148	MB
Potassium, Serum	3.8	mmol/L	3.5 - 5.5	MB
Chloride, Serum	102	mmol/L	96 - 109	MB
Calcium, Serum	9.1	mg/dL	8.5 - 10.6	MB
Phosphorus, Serum	3.9	mg/dL	2.5 - 4.5	MB
Protein, Total, Serum	7.3	g/dL	6.0 - 8.5	MB
Albumin, Serum	3.8	g/dL	3.5 - 5.5	MB
Globulin, Total	3.5	g/dL	1.5 - 4.5	
A/G Ratio	1.1		1.1 - 2.5	
Bilirubin, Total	0.7	mg/dL	0.1 - 1.2	MB
Alkaline Phosphatase, Serum	73	IU/L	25 - 150	MB
LDH	157	IU/L	100 - 250	MB
AST (SGOT)	29	IU/L	0 - 40	MB
ALT (SGPT)	19	IU/L	0 - 40	MB
GGT	48	IU/L	0 - 65	MB
Iron, Serum	125	ug/dL	40 - 155	MB

Lipids

Cholesterol, Total	175	mg/dL	100 - 199	MB
Triglycerides	186 H	mg/dL	0 - 149	MB
HDL Cholesterol	44	mg/dL	40 - 59	MB
VLDL Cholesterol Cal	37	mg/dL	5 - 40	
LDL Cholesterol Calc	94	mg/dL	0 - 99	
T. Chol/HDL Ratio	4.0	ratio units	0.0 - 5.0	
Estimated CHD Risk	0.7	times avg.	0.0 - 1.0	

T. Chol/HDL Ratio

	Men	Women
1/2 Avg. Risk	3.4	3.3
Avg. Risk	5.0	4.4
2X Avg. Risk	9.6	7.1
3X Avg. Risk	23.4	11.0

The CHD Risk is based on the T. Chol/HDL ratio. Other

Results are Flagged in Accordance with Age Dependent Reference Ranges

Continued on Next Page



AIS NO. 108/180127	NAME ANTHONY ADAMS	FACILITY BCCF
------------------------------	------------------------------	-------------------------

DATE COLLECTED 6/14/05	TIME COLLECTED 8:30 AM
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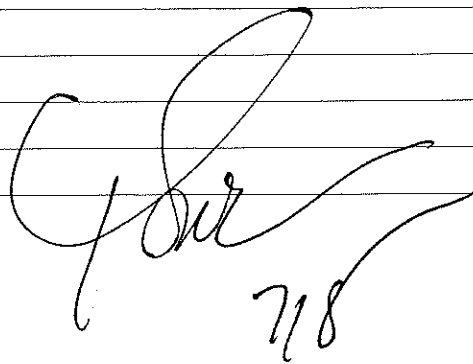
DATE RECEIVED 6/20/05	TIME RECEIVED 9:23 AM
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Test Name	Result	Out of Range	Reference Range
HIV ANTIBODY	NT		NEGATIVE (NEG)
RPR	NR		NON-REACTIVE (NR)

URINALYSIS

PROTEIN	NT		NEGATIVE (NEG)
GLUCOSE	NT		NEGATIVE (NEG)
KETONES	NT		NEGATIVE (NEG)
BILIRUBIN	NT		NEGATIVE (NEG)
BLOOD	NT		< 5 RBC/MCL (NEG)
NITRITE	NT		NEGATIVE (NEG)
UROBILINOGEN	NT		< 1.0 MG/DL (NEG)
LEUK. ESTERASE	NT		NEGATIVE (NEG)

* NT = Not Tested



DEPARTMENT OF CORRECTIONS

11429

AFB CULTURE		ALABAMA DEPARTMENT OF PUBLIC HEALTH BUREAU OF CLINICAL LABORATORIES		State
87117 8140 AUM DRIVE, P.O. BOX 244018, MONTGOMERY, ALABAMA 36124-4018 (334) 260-3400		Lab # 041120		
Name: Last A. J. M. S.	First Anthony	MI	Shaded area for Laboratory use only	Date Received MM DD YY 7 23 09
County Health Dept. CHR Number	Date of Birth MM DD YY 04 10 56	Sex M	Race B	Results <input type="checkbox"/> M. tuberculosis complex <input type="checkbox"/> M. avium complex <input type="checkbox"/> M. gordonae <input checked="" type="checkbox"/> No Mycobacteria Isolated <input type="checkbox"/> Unsatisfactory Code = See Reverse <input type="checkbox"/> Other:
Medicaid Number 180127	Social Security Number	Date Collected MM DD YY 07 22 09	Amt. of Growth 1+	
Specimen submitted: <input type="checkbox"/> Sputum <input type="checkbox"/> Bronchial Wash <input type="checkbox"/> CSE <input type="checkbox"/> Other:	<input type="checkbox"/> Culture Identification <input type="checkbox"/> Inoc. Media	Colonies		
If private insurance available, send copy of card.		Patient's Resident County		
Mail Report to: <i>11/1/09 PHS</i>		<div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; text-align: center; line-height: 40px; margin: 0 auto;">P</div>		
<i>P.O. Box 11</i> <i>mt. meigs</i>				
ADPH-F-CL-412 AND 413 required with all specimens and cultures		AL 36057		MM DD YY 9 10 09
ADPH-F-BCL-412/REV. 3-00		ZIP CODE		Analyst LT
Provider Number		Date Reported		

PATIENT'S NAME LAST	FIRST	MIDDLE	AGE	R/S	ID. NO.

DEPARTMENT OF CORRECTIONS

10360

AFB CULTURE		ALABAMA DEPARTMENT OF PUBLIC HEALTH BUREAU OF CLINICAL LABORATORIES		State
87117		8140 AUM DRIVE, P.O. BOX 244018, MONTGOMERY, ALABAMA 36124-4018 (334) 260-3400		Lab # 10360
Name: Last Adams	First Anthony	MI	Shaded area for Laboratory use only	MM DD YY 6 22 04
County Health Dept. CHR Number	Date of Birth 11/18/01	MM DD YY 11 18 01	Results	Amt. of Growth
Medicaid Number	Sex M	Race B	<input type="checkbox"/> M. tuberculosis complex	<input type="checkbox"/> +
Social Security Number	Date Collected 01/06/04	MM DD YY 01 06 04	<input type="checkbox"/> M. avium complex	
Specimen submitted: <input checked="" type="checkbox"/> Sputum	<input type="checkbox"/> Culture Identification	<input checked="" type="checkbox"/> No Mycobacteria Isolated	<input type="checkbox"/> M. gordonae	
<input type="checkbox"/> Bronchial Wash	<input type="checkbox"/> Inoc. Media	<input type="checkbox"/> Unsats. Code = See Reverse	<input type="checkbox"/> Other:	Colonies
<input type="checkbox"/> Other:				
If private insurance available, send copy of card.		Patient's Resident County		
Mail Report to: Kilby PHS				
P.O. Box 11				
ADPH-F-CL-412 AND 413 required with all specimens and cultures		AL 36057		
ADPH-F-BCL-412/REV. 3-00		ZIP CODE		
Provider Number		Analyst Date Reported		

10590

AFB CULTURE		ALABAMA DEPARTMENT OF PUBLIC HEALTH BUREAU OF CLINICAL LABORATORIES		State
87117		8140 AUM DRIVE, P.O. BOX 244018, MONTGOMERY, ALABAMA 36124-4018 (334) 260-3400		Lab # 10590
Name: Last Adams	First Anthony	MI	Shaded area for Laboratory use only	MM DD YY 6 29 04
County Health Dept. CHR Number	Date of Birth 11/18/01	MM DD YY 11 18 01	Results	Amt. of Growth
Medicaid Number	Sex M	Race B	<input type="checkbox"/> M. tuberculosis complex	<input type="checkbox"/> +
Social Security Number	Date Collected 06/28/04	MM DD YY 06 28 04	<input type="checkbox"/> M. avium complex	
Specimen submitted: <input checked="" type="checkbox"/> Sputum	<input type="checkbox"/> Culture Identification	<input checked="" type="checkbox"/> No Mycobacteria Isolated	<input type="checkbox"/> M. gordonae	
<input type="checkbox"/> Bronchial Wash	<input type="checkbox"/> Inoc. Media	<input type="checkbox"/> Unsats. Code = See Reverse	<input type="checkbox"/> Other:	Colonies
<input type="checkbox"/> Other:				
If private insurance available, send copy of card.		Patient's Resident County		
Mail Report to: Kilby PHS				
P.O. Box 11				
ADPH-F-CL-412 AND 413 required with all specimens and cultures		AL 36057		
ADPH-F-BCL-412/REV. 3-00		ZIP CODE		
Provider Number		Analyst Date Reported		

PATIENT'S NAME LAST	FIRST	MIDDLE	AGE	R/S	ID. NO.

ADAMS, ANTHONY
ID: 180127

06/15/2005 15:41:36

SINUS RHYTHM
WITHIN NORMAL LIMITS

D.O.B.: 04/05/1956 49 YEARS
MALE BLACK
Meds:
Class:
Dr: SIDDIQ
Tech: DS

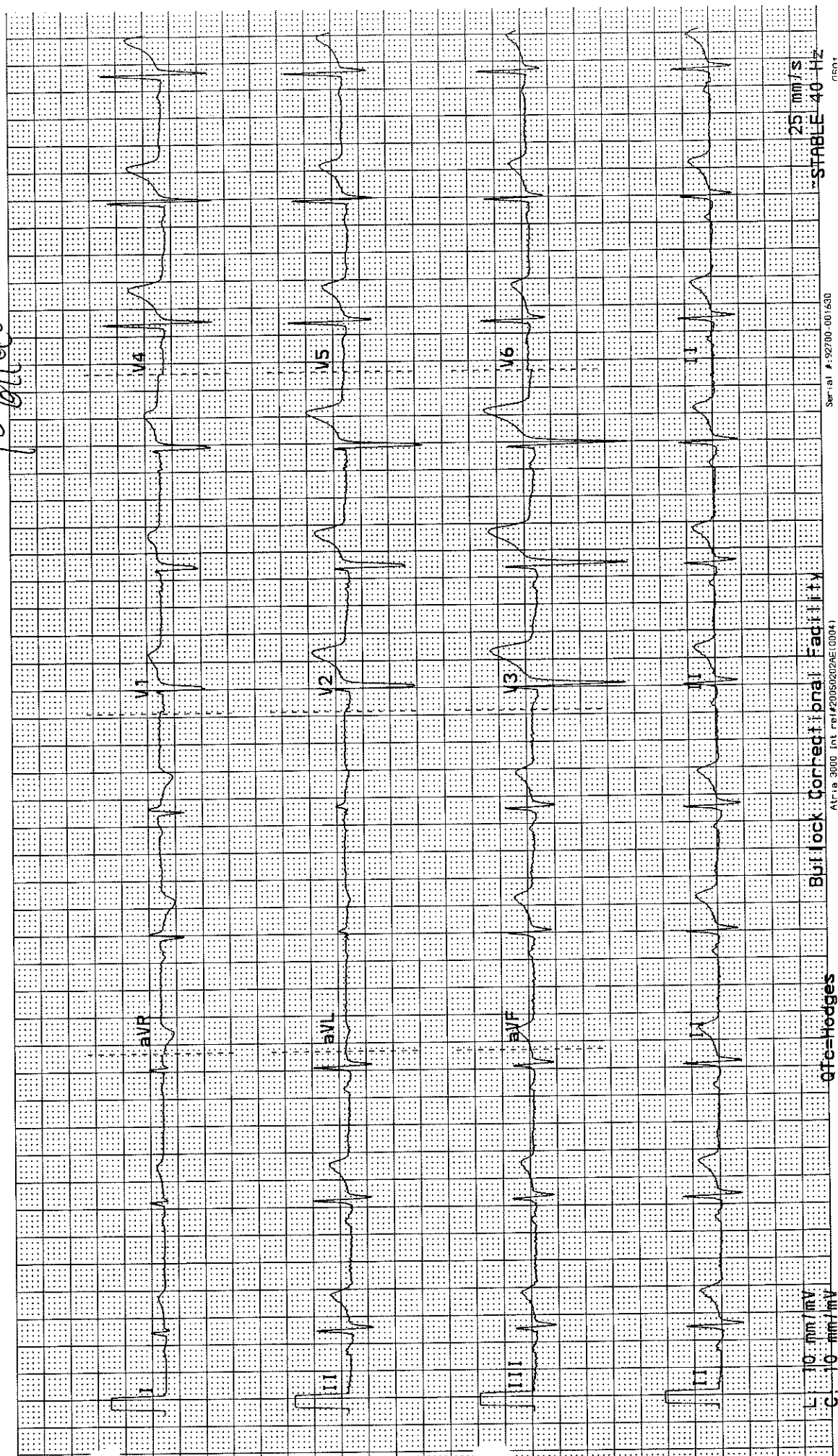
Vent. Rate:	65 bpm
RR Interval:	918 ms
PR Interval:	160 ms
QRS Duration:	82 ms
QT Interval:	388 ms
QTc Interval:	396 ms
QT Dispersion:	46 ms
P-R-T AXIS:	71° 47° 72°

Comment: PHYSICAL

Summary: NORMAL ECG

* Unconfirmed Analysis *

Siddiq



25 mm/s
STABLE 40 Hz
Serial # 92700-001530
Atria 3000 Int rel#20050202AE(0004)
qTc=Hodges
But lock Corrected Interval Facility

DEPARTMENT OF CC ELUTIONS

Name

Adams Anthony L

State ID No.

180127

DOB

4-5-56

Race

B

Sex

M

RADIOLOGY SERVICES REQUEST AND REPORT

INSTITUTION:

Bullock

NOTE: PERTINENT CLINICAL INFORMATION AND TENTATIVE DIAGNOSIS MUST BE PROVIDED FOR X-RAY EXAMINATION TO BE PERFORMED

Requesting Physician/PA/NP

Dr. Siddig

Date of request

6-13-05

Time of request

Routine

Priority

Transportation or special needs

HISTORY/DIAGNOSIS:

Past. Pos TB Skin Test

X-RAY REQUEST

ABDOMEN/ABD	FINGERS	NAVICULAR VIEW	SOFT TISSUE STUDIES
ACROMIO-CLAVICULAR JOINTS (W/WO WEIGHT)	FOOT	ORBITS	STERNUM
ANKLE	HAND	OC CULUM (HEAL)	TEMPORO-MANDIBULAR JOINTS
CERVICAL SPINE	HIP	PELVE	THORACIC SPINE
✓ CHEST PA / LATERAL	HUMERUS	RADICULAR KA	TIBIA/FIBULA
COCCYX	KNEE	FEET	TOES
CONE DOWN SELLA TURCICA	LUMBAR SPINE	SACRO-ILIAC JOINTS	WENT
ELBOW	MANDIBLE	SCAPULA	ZYGOMA
FACIAL BONES	MAXILLA	SHOULDER	ZYGOMATIC ARCH
FEMUR	NASAL BONES	SKULL	

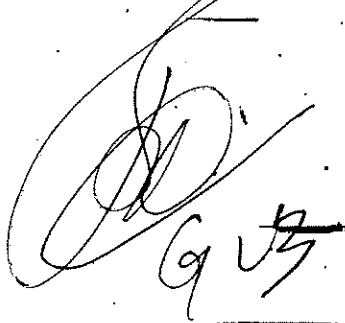
REPORT

Adams

Chest: The heart is not enlarged. The lungs are clear.

IMPRESSION: THERE IS NO EVIDENCE OF ACTIVE CARDIOPULMONARY DISEASE.

D & T: 06-16-05 Maurice H. Rowell/rr Board Certified Radiologist (Signature on File)



X-RAY TECHNOLOGIST'S NAME (PRINT)

X-RAY TECHNOLOGIST'S SIGNATURE

DATE, TIME EXAM PERFORMED

RADIOLOGIST'S NAME (PRINT)

RADIOLOGIST'S SIGNATURE

DATE SIGNED

SPECIMEN 180-205-5064-0	TYPE S	PRIMARY LAB MB	REPORT STATUS COMPLETE	Page #: 2
ADDITIONAL INFORMATION				
WW		FASTING: N DOB: 4/05/1956		
PATIENT NAME ADAMS, ANTHONY		SEX M	AGE(YR./MOS.) 48 / 2	
PT. ADD.:				
DATE OF SPECIMEN 6/28/2004	TIME 8:36	DATE RECEIVED 6/28/2004	DATE REPORTED 6/29/2004	TIME 11:29
				4903

CLINICAL INFORMATION	
CD- 95202805724	
PHYSICIAN ID. ROBBINS M	PATIENT ID. 180127
ACCOUNT: KILBY CORRECTIONAL FACILITY PRISON HEALTH SERVICES 12201 Wares Ferry Road Mt. Meigs AL 36507-0000	
ACCOUNT NUMBER: 01306900	

TEST	RESULT	LIMITS	LAB
------	--------	--------	-----

factors affect CHD Risk such as hypertension, smoking, diabetes, severe obesity, and family history of premature CHD.

Thyroid				MB
TSH	2.077	uIU/mL	0.350 - 5.500	MB
Thyroxine (T4)	8.0	ug/dL	4.5 - 12.0	MB
T3 Uptake	23 L	%	24 - 39	MB
Free Thyroxine Index	1.8		1.2 - 4.9	
CBC, Platelet Ct, and Diff				MB
White Blood Cell (WBC) Count	4.7	x10E3/uL	4.0 - 10.5	MB
Red Blood Cell (RBC) Count	4.88	x10E6/uL	4.10 - 5.60	MB
Hemoglobin	14.8	g/dL	12.5 - 17.0	MB
Hematocrit	44.5	%	36.0 - 50.0	MB
MCV	91	fL	80 - 98	MB
MCH	30.4	pg	27.0 - 34.0	MB
MCHC	33.3	g/dL	32.0 - 36.0	MB
RDW	12.1	%	11.7 - 15.0	MB
Platelets	180	x10E3/uL	140 - 415	MB
Polys	53	%	40 - 74	MB
Lymphs	33	%	14 - 46	MB
Monocytes	8	%	4 - 13	MB
Eos	6	%	0 - 7	MB
Basos	0	%	0 - 3	MB
Polys (Absolute)	2.5	x10E3/uL	1.8 - 7.8	MB
Lymphs (Absolute)	1.6	x10E3/uL	0.7 - 4.5	MB
Monocytes (Absolute)	0.4	x10E3/uL	0.1 - 1.0	MB
Eos (Absolute)	0.3	x10E3/uL	0.0 - 0.4	MB
Baso (Absolute)	0.0	x10E3/uL	0.0 - 0.2	MB

DIRECTOR: Arthur Kelly G MD

1801 First Avenue South, Birmingham, AL 35233-0000



SPECIMEN 147-205-5079-0	TYPE S	PRIMARY LAB MB	REPORT STATUS COMPLETE	Page #:	1
ADDITIONAL INFORMATION					
WW		FASTING: N DOB: 4/05/1956			
PATIENT NAME ADAMS,ANTHONY			SEX M	AGE(YR./MOS.) 48 / 1	
PT. ADD.:					
DATE OF SPECIMEN 5/26/2004	TIME 9:40	DATE RECEIVED 5/26/2004	DATE REPORTED 5/27/2004	TIME 7:26	3785

CLINICAL INFORMATION	
CD- 95202804666	
PHYSICIAN ID. ROBBINS M	PATIENT ID. 180127
ACCOUNT: KILBY CORRECTIONAL FACILITY PRISON HEALTH SERVICES 12201 WARES FERRY ROAD MT. MEIGS AL 36507-0000	
ACCOUNT NUMBER: 01306900	

	TEST	RESULT	LIMITS	LAB
	CMP12+LP+TP+TSH+6AC+CBC/D/Plt			
	Chemistries			MB
>	Glucose, Serum	64 L mg/dL	65 - 99	MB
	Uric Acid, Serum	4.2 mg/dL	2.4 - 8.2	MB
	BUN	8 mg/dL	5 - 26	MB
	Creatinine, Serum	0.9 mg/dL	0.5 - 1.5	MB
	BUN/Creatinine Ratio	9	8 - 27	
	Sodium, Serum	140 mmol/L	135 - 148	MB
	Potassium, Serum	4.3 mmol/L	3.5 - 5.5	MB
	Chloride, Serum	102 mmol/L	96 - 109	MB
	Calcium, Serum	10.2 mg/dL	8.5 - 10.6	MB
	Phosphorus, Serum	3.5 mg/dL	2.5 - 4.5	MB
	Protein, Total, Serum	7.7 g/dL	6.0 - 8.5	MB
	Albumin, Serum	4.3 g/dL	3.5 - 5.5	MB
	Globulin, Total	3.4 g/dL	1.5 - 4.5	
	A/G Ratio	1.3	1.1 - 2.5	
	Bilirubin, Total	1.0 mg/dL	0.1 - 1.2	MB
	Alkaline Phosphatase, Serum	92 IU/L	25 - 150	MB
	LDH	172 IU/L	100 - 250	MB
>	AST (SGOT)	46 H IU/L	0 - 40	MB
>	ALT (SGPT)	41 H IU/L	0 - 40	MB
	GGT	36 IU/L	0 - 65	MB
	Iron, Serum	131 ug/dL	40 - 155	MB
				MB
	Lipids			MB
	Cholesterol, Total	191 mg/dL	100 - 199	MB
>	Triglycerides	154 H mg/dL	0 - 149	MB
	HDL Cholesterol	43 mg/dL	40 - 59	MB
	VLDL Cholesterol Cal	31 mg/dL	5 - 40	
>	LDL Cholesterol Calc	117 H mg/dL	0 - 99	

If initial LDL-cholesterol result is >100 mg/dL, assess for risk factors and refer to the ATP-III table below.

Risk Category	LDL Goal mg/dL	LDL Level (mg/dL) at which to initiate Therapeutic Lifestyle Changes (TLC)	LDL Level (mg/dL) at which to consider Drug Therapy
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CHD	<100	>100	>or=130
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Results are Flagged in Accordance with Age Dependent Reference Ranges

Continued on Next Page





Laboratory Corporation of America

SPECIMEN 147-205-5079-0	TYPE S	PRIMARY LAB MB	REPORT STATUS COMPLETE	Page #: 2
ADDITIONAL INFORMATION WW FASTING: N DOB: 4/05/1956				
PATIENT NAME ADAMS, ANTHONY		SEX M	AGE(YR./MOS.) 48 / 1	
PT. ADD.:				
DATE OF SPECIMEN 5/26/2004	TIME 9:40	DATE RECEIVED 5/26/2004	DATE REPORTED 5/27/2004	TIME 7:26
3785				

CLINICAL INFORMATION CD- 95202804666	
PHYSICIAN ID. ROBBINS M	PATIENT ID. 180127
ACCOUNT: KILBY CORRECTIONAL FACILITY PRISON HEALTH SERVICES 12201 WARES FERRY ROAD MT. MEIGS AL 36507-0000	
ACCOUNT NUMBER: 01306900	

TEST	RESULT	LIMITS	LAB
------	--------	--------	-----

2+ Risk Factors <130	>or=130	>or=130	
0-1 Risk Factors <160	>or=160	>or=190	
T. Chol/HDL Ratio	4.4	ratio units	0.0 - 5.0
Estimated CHD Risk	0.8	times avg.	0.0 - 1.0
		T. Chol/HDL Ratio	
		Men Women	
		1/2 Avg. Risk	3.4 3.3
		Avg. Risk	5.0 4.4
		2X Avg. Risk	9.6 7.1
		3X Avg. Risk	23.4 11.0

The CHD Risk is based on the T. Chol/HDL ratio. Other factors affect CHD Risk such as hypertension, smoking, diabetes, severe obesity, and family history of pre-mature CHD.

Thyroid				MB
TSH	1.017	uIU/mL	0.350 - 5.500	MB
Thyroxine (T4)	9.8	ug/dL	4.5 - 12.0	MB
T3 Uptake	24	%	24 - 39	MB
Free Thyroxine Index	2.4		1.2 - 4.9	MB
CBC, Platelet Ct, and Diff				MB
White Blood Cell (WBC) Count	5.8	x10E3/uL	4.0 - 10.5	MB
Red Blood Cell (RBC) Count	5.26	x10E6/uL	4.10 - 5.60	MB
Hemoglobin	15.7	g/dL	12.5 - 17.0	MB
Hematocrit	48.1	%	36.0 - 50.0	MB
MCV	91	fL	80 - 98	MB
MCH	29.8	pg	27.0 - 34.0	MB
MCHC	32.7	g/dL	32.0 - 36.0	MB
RDW	12.8	%	11.7 - 15.0	MB
Platelets	226	x10E3/uL	140 - 415	MB
Polys	60	%	40 - 74	MB
Lymphs	26	%	14 - 46	MB
Monocytes	8	%	4 - 13	MB
Eos	5	%	0 - 7	MB
Basos	1	%	0 - 3	MB
Polys (Absolute)	3.5	x10E3/uL	1.8 - 7.8	MB
Lymphs (Absolute)	1.5	x10E3/uL	0.7 - 4.5	MB
Monocytes (Absolute)	0.5	x10E3/uL	0.1 - 1.0	MB

Results are Flagged in Accordance with Age Dependent Reference Ranges

Continued on Next Page





Laboratory Corporation of America

SPECIMEN 147-205-5079-0	TYPE S	PRIMARY LAB MB	REPORT STATUS COMPLETE	Page #: 3
ADDITIONAL INFORMATION WW FASTING: N DOB: 4/05/1956				
PATIENT NAME ADAMS, ANTHONY		SEX M	AGE(YR./MOS.) 48 / 1	
PT. ADD.:				
DATE OF SPECIMEN 5/26/2004	TIME 9:40	DATE RECEIVED 5/26/2004	DATE REPORTED 5/27/2004	TIME 7:26 3785

CLINICAL INFORMATION CD- 95202804666	
PHYSICIAN ID. ROBBINS M	PATIENT ID. 180127
ACCOUNT: KILBY CORRECTIONAL FACILITY PRISON HEALTH SERVICES 12201 WARES FERRY ROAD MT. MEIGS AL 36507-0000 ACCOUNT NUMBER: 01306900	

TEST	RESULT	LIMITS	LAB
Eos (Absolute Value)	0.3 x10E3/uL	0.0 - 0.4	MB
Baso (Absolute)	0.1 x10E3/uL	0.0 - 0.2	MB

LAB: MB LabCorp Birmingham

DIRECTOR: Arthur Kelly G MD

1801 First Avenue South, Birmingham, AL 35233-0000



Laboratory Corporation of America

SPECIMEN 180-205-5064-0	TYPE S	PRIMARY LAB MB	REPORT STATUS COMPLETE	Page #: 1
ADDITIONAL INFORMATION WW FASTING: N DOB: 4/05/1956				
PATIENT NAME ADAMS, ANTHONY		SEX M	AGE(YR./MOS.) 48 / 2	
PT. ADD.:				
DATE OF SPECIMEN 6/28/2004	TIME 8:36	DATE RECEIVED 6/28/2004	DATE REPORTED 6/29/2004	TIME 11:29
4903				

CLINICAL INFORMATION CD- 95202805724	
PHYSICIAN ID. ROBBINS M	PATIENT ID. 180127
ACCOUNT: KILBY CORRECTIONAL FACILITY PRISON HEALTH SERVICES 12201 Wares Ferry Road Mt. Meigs AL 36507-0000 ACCOUNT NUMBER: 01306900	

TEST	RESULT	LIMITS	LAB
CMP12+LP+TP+TSH+6AC+CBC/D/Plt			
Chemistries			MB
Glucose, Serum	98 mg/dL	65 - 99	MB
Uric Acid, Serum	6.4 mg/dL	2.4 - 8.2	MB
BUN	7 mg/dL	5 - 26	MB
Creatinine, Serum	0.9 mg/dL	0.5 - 1.5	MB
BUN/Creatinine Ratio	8	8 - 27	
Sodium, Serum	138 mmol/L	135 - 148	MB
Potassium, Serum	3.6 mmol/L	3.5 - 5.5	MB
Chloride, Serum	104 mmol/L	96 - 109	MB
Calcium, Serum	9.9 mg/dL	8.5 - 10.6	MB
Phosphorus, Serum	3.4 mg/dL	2.5 - 4.5	MB
Protein, Total, Serum	7.4 g/dL	6.0 - 8.5	MB
Albumin, Serum	4.0 g/dL	3.5 - 5.5	MB
Globulin, Total	3.4 g/dL	1.5 - 4.5	
A/G Ratio	1.2	1.1 - 2.5	
Bilirubin, Total	0.4 mg/dL	0.1 - 1.2	MB
Alkaline Phosphatase, Serum	82 IU/L	25 - 150	MB
LDH	173 IU/L	100 - 250	MB
> AST (SGOT)	57 H IU/L	0 - 40	MB
> ALT (SGPT)	79 H IU/L	0 - 40	MB
GGT	56 IU/L	0 - 65	MB
Iron, Serum	77 ug/dL	40 - 155	MB
Lipids			MB
Cholesterol, Total	162 mg/dL	100 - 199	MB
Triglycerides	118 mg/dL	0 - 149	MB
HDL Cholesterol	56 mg/dL	40 - 59	MB
VLDL Cholesterol Cal	24 mg/dL	5 - 40	
LDL Cholesterol Calc	82 mg/dL	0 - 99	
T. Chol/HDL Ratio	2.9 ratio units	0.0 - 5.0	
Estimated CHD Risk	< 0.5 times avg.	0.0 - 1.0	

T. Chol/HDL Ratio

	Men	Women
1/2 Avg.Risk	3.4	3.3
Avg.Risk	5.0	4.4
2X Avg.Risk	9.6	7.1
3X Avg.Risk	23.4	11.0

The CHD Risk is based on the T. Chol/HDL ratio. Other

Results are Flagged in Accordance with Age Dependent Reference Ranges

Continued on Next Page





Laboratory Corporation of America

SPECIMEN	TYPE	PRIMARY LAB	REPORT STATUS	Page #:
203-205-5102-0	S	MB	COMPLETE	2

ADDITIONAL INFORMATION					
WW		FASTING: N DOB: 4/05/1956			
PATIENT NAME		SEX		AGE(YR./MOS.)	
ADAMS,ANTHONY		M		48 / 3	
PT. ADD.:					
DATE OF SPECIMEN	TIME	DATE RECEIVED	DATE REPORTED	TIME	
7/21/2004	11:07	7/21/2004	7/22/2004	8:27	5748

CLINICAL INFORMATION	
CD- 95202806567	
PHYSICIAN ID. ROBBINS M	PATIENT ID. 180127
ACCOUNT: Kilby Correctional Facility Prison Health Services 12201 Wares Ferry Road Mt. Meigs AL 36507-0000	
ACCOUNT NUMBER: 01306900	

TEST	RESULT	LIMITS	LAB
------	--------	--------	-----

factors affect CHD Risk such as hypertension, smoking, diabetes, severe obesity, and family history of pre-mature CHD.

Thyroid				MB
TSH	1.374	uIU/mL	0.350 - 5.500	MB
Thyroxine (T4)	8.8	ug/dL	4.5 - 12.0	MB
> T3 Uptake	23 L	%	24 - 39	MB
Free Thyroxine Index	2.0		1.2 - 4.9	MB
CBC, Platelet Ct, and Diff				MB
White Blood Cell (WBC) Count	4.2	x10E3/uL	4.0 - 10.5	MB
Red Blood Cell (RBC) Count	4.96	x10E6/uL	4.10 - 5.60	MB
Hemoglobin	15.0	g/dL	12.5 - 17.0	MB
Hematocrit	45.0	%	36.0 - 50.0	MB
MCV	91	fL	80 - 98	MB
MCH	30.2	pg	27.0 - 34.0	MB
MCHC	33.3	g/dL	32.0 - 36.0	MB
RDW	12.4	%	11.7 - 15.0	MB
Platelets	221	x10E3/uL	140 - 415	MB
Polys	54	%	40 - 74	MB
Lymphs	33	%	14 - 46	MB
Monocytes	6	%	4 - 13	MB
Eos	6	%	0 - 7	MB
Basos	1	%	0 - 3	MB
Polys (Absolute)	2.3	x10E3/uL	1.8 - 7.8	MB
Lymphs (Absolute)	1.4	x10E3/uL	0.7 - 4.5	MB
Monocytes (Absolute)	0.3	x10E3/uL	0.1 - 1.0	MB
Eos (Absolute)	0.3	x10E3/uL	0.0 - 0.4	MB
Baso (Absolute)	0.0	x10E3/uL	0.0 - 0.2	MB

LAB: MB LabCorp Birmingham
1801 First Avenue South, Birmingham, AL 35233-0000

DIRECTOR: Arthur Kelly G MD

①

Radiology Services Report

NAME: ADAMS, ANTHONY
FACILITY: KCF
D.O.B.: 04/05/56
ID NUMBER: 180127


PA VIEW CHEST 07/26/04

COMPARISON IS MADE TO PRIOR EXAM DATED 05/27/04.

FINDINGS: The heart, lungs, and osseous structures are normal. There is no evidence of active TB. No pleural fluid or pneumonia.

IMPRESSION: No acute process in the chest.

William B. Abbott, MD



Radiology Services Report

120p

NAME: ADAMS, ANTHONY

FACILITY: KCF

D.O.B.: 04/05/56

ID NUMBER: 183127

180
PA VIEW CHEST 05/27/04

MILD EMPHYSEMATOUS CHANGE IS NOTED. I SEE NO EVIDENCE OF AIR SPACE DISEASE ON EXAM. THE CARDIOMEDIASTINAL SILHOUETTE IS WITHIN NORMAL LIMITS.

IMPRESSION: NO ACUTE PULMONARY DISEASE. SPECIFICALLY, I SEE NO EVIDENCE OF ACTIVE TB. MILD EMPHYSEMATOUS CHANGE IS PRESENT.

William B. Abbott, MD

WBA

Robert G. Smith



DEPARTMENT OF CORRECTIONS

MENTAL HEALTH SERVICES

DENTAL RECORD

DENTAL EXAMINATION	RESTORATIONS AND TREATMENTS
Date of Initial Examination <u>10/7/04</u>	Initial Classification _____

Oral Pathology Gingivitis _____
 Vincent's Infection _____
 Stomatitis _____
 Other Findings _____

(Occlusion) _____

Fluoridogenograms Periapical _____
 Bitewing _____
 Other _____

Health Questionnaire:

YES	NO		YES	NO	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Rheumatic Fever	<input type="checkbox"/>	<input checked="" type="checkbox"/>	V.D.
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Allergy (Novocaine, penicillin, etc.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hepatitis
<input type="checkbox"/>	<input type="checkbox"/>	Present Medication	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Anemia or Bleeding Problems
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Epilepsy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Heart Disease
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Asthma	<input type="checkbox"/>	<input checked="" type="checkbox"/>	High Blood Pressure
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Kidney Disease
<input type="checkbox"/>	<input checked="" type="checkbox"/>	HIV	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other Disease <u>Irregular Heart Beat</u>

SERVICES RENDERED					
Date	Tooth #	DX	TX	Initials	Class
10/7/04			Exam, Gross Scale, Refish plan, Oth.		
			Pt had moderate tooth &		
			staining buildups with moderate		
			bleeding upon probing		
8-29-06			Gross Scale, Oth. Pt had moderate		
			staining buildups & moderate		
			bleeding upon probing	J.H.C.	RCH

INMATE NAME (LAST, FIRST, MIDDLE)

Adam, Anthony

DOC#

DOB

R/S

FAC

Blair

Bellack

EXHIBIT A.1

W-09
E-65
W-09
G-20

CORRECTIONAL MEDICAL SERVICES MEDICAL HISTORY AND SCREENING

INMATE NAME: <u>Adams, Anthony L.</u>	ID #: <u>180127</u>	RACE: <u>B/M</u>	D.O.B.: <u>4-5-56</u>
---------------------------------------	---------------------	------------------	-----------------------

INMATE QUESTIONNAIRE (circle one)		CURRENT MEDICAL CONDITIONS (circle terms that apply)	
1. Do you have a medical problem such as bleeding or injuries that requires immediate medical attention?	Yes <input type="radio"/> No <input checked="" type="radio"/>	Unconscious	Skin Infestation
2. Have you fainted or had a head injury within past six months?	Yes <input type="radio"/> No <input checked="" type="radio"/>	Intoxicated	Restricted Mobility
3. Are you allergic to any medications?	Yes <input type="radio"/> No <input checked="" type="radio"/>	Lesions	Skin Rash
4. Have you been seen by a doctor in the past six months?	Yes <input checked="" type="radio"/> No <input type="radio"/>	Obvious Pain	Jaundice
5. Do you wear dentures or partial plate? <u>Dentures</u>	Yes <input checked="" type="radio"/> No <input type="radio"/>	Bruises	Needle Marks
6. Do you wear glasses or contact lenses?	Yes <input type="radio"/> No <input checked="" type="radio"/>	Fever	Swollen Glands
7. Do you have a prosthesis, splint, crutches, cast or brace that you need while here?	Yes <input type="radio"/> No <input checked="" type="radio"/>	Nausea	Active Cough
8. Do you drink wine, beer or whiskey? How often? _____ How much? _____ Last time? _____	Yes <input type="radio"/> No <input checked="" type="radio"/>	Uses Tobacco	Vaginal/Penile Discharge
9. Have you had seizures or blackouts when you stop drinking?	Yes <input type="radio"/> No <input checked="" type="radio"/>	MEDICAL HISTORY (circle terms that apply)	
10. Do you use drugs? Type? <u>Cocaine - Crack</u> How often? <u>4/week</u> Last time? <u>1980</u>	Yes <input checked="" type="radio"/> No <input type="radio"/>	Arthritis	Frequent Diarrhea
11. Have you had withdrawal problems when you stop taking drugs?	Yes <input type="radio"/> No <input checked="" type="radio"/>	Diabetes	Genital Sores
12. Do you have any medical problems we should know about?	Yes <input checked="" type="radio"/> No <input type="radio"/>	Seizure Disorder	V.D.
13. Are you covered by medical insurance or a benefits program?	Yes <input type="radio"/> No <input checked="" type="radio"/>	Asthma	Hepatitis <u>1994</u>
14. Have you been in this facility before?	Yes <input type="radio"/> No <input checked="" type="radio"/>	Special Diet	HIV+ <u>1994</u>
FEMALE INMATES ONLY		Heart Condition	Tuberculosis
1. Are you pregnant?	Yes <input type="radio"/> No <input checked="" type="radio"/>	Hypertension	Persistent Sore Throat
2. Do you use birth control? Type? _____	Yes <input type="radio"/> No <input checked="" type="radio"/>	<u>Stomach Ulcer</u>	Dental Problems
3. Have you recently had a baby, miscarriage or abortion?	Yes <input type="radio"/> No <input checked="" type="radio"/>	Cancer	Surgeries
COMMENTS: (Explain "Yes" responses) <u>4. C/o Nervousness</u> <u>12. Nervousness</u>		Sickle Cell Anemia	Chest Pain
DISPOSITION		Emphysema	Jaundice
Referrals _____ None	Placement _____	TB SCREENING	
_____ Emergency Room (Pre-booking injury)	_____ Infirmary	Ever treated with TB Drugs? Yes <input checked="" type="radio"/> No <input type="radio"/>	
_____ Emergency Room (Acute condition)	_____ Detoxification Setting	PPD test? Yes <input checked="" type="radio"/> No <input type="radio"/> Positive Reaction? Yes <input type="radio"/> No <input type="radio"/>	
<input checked="" type="checkbox"/> Physician <u>Mental Health</u>	<input checked="" type="checkbox"/> General Population	When: _____	
_____ Sick Call	_____ Other	Where: _____	
		Chronic Cough/Blood _____ Fever _____	
		Recent Weight Loss _____ Night Sweats _____	
		Recent Appetite Loss _____ Fatigue _____	
		MEDICATIONS	
		Current medications: <u>Elavil</u>	
		Prescriber: _____	
		ALLERGIES	
		Medication Allergies: Yes <input checked="" type="radio"/> No <input type="radio"/>	
		Type: <u>Na Pol</u>	
		Other Allergies Yes <input checked="" type="radio"/> No <input type="radio"/>	
		Type: _____	
		VITAL SIGNS	
		HT: <u>5'10 1/2"</u> WT: <u>142 3/4</u> BP: <u>130/90</u>	
		Pulse _____ Resp. _____ Temp. _____	

I acknowledge that I have answered all questions truthfully and have been told the way to obtain health services and consent to routine care provided by facility healthcare professionals. I understand that any medications not picked up within 30 days of release will be destroyed.

Inmate signature Anthony L. Adams

SCREENED BY: Amanda Andrews DATE: 8-18-95 TIME: _____

EXHIBIT A.2

PHYSICAL ASSESSMENT

INMATE NAME: <u>Adams, Anthony L.</u>	ID #: <u>180127</u>	RACE: <u>B/M</u>	D.O.B.: <u>4-5-56</u>
---------------------------------------	---------------------	------------------	-----------------------

TYPE OF ASSESSMENT: INTAKE: <input checked="" type="checkbox"/> OTHER: <input type="checkbox"/>	
FAMILY HISTORY: (f/father, m/mother, b/brother, s/sister)	
TB <input type="checkbox"/>	Hepatitis <input type="checkbox"/>
Cancer <input type="checkbox"/>	Asthma <u>S</u>
Kidney Disease <input type="checkbox"/>	Sickle Cell <input type="checkbox"/>
Diabetes <u>M</u>	Heart Disease <input type="checkbox"/>
HIV+ <input type="checkbox"/>	Epilepsy/ <input type="checkbox"/>
Hypertension <input type="checkbox"/>	Anemia <input type="checkbox"/>
Seizures <input type="checkbox"/>	Mental Illness <input type="checkbox"/>
Other <input type="checkbox"/>	

PHYSICAL EXAMINATION	
Normal/Not Present Please <input checked="" type="checkbox"/>	Abnormal/Comment
SKIN: Color Condition Turgor Recent injury Tatoos Scars	<input checked="" type="checkbox"/> <u>① arm, ② arm</u>
HEAD: Hair Scalp (pediculi)	
EARS: Appearance Canals	
EYES: Pupils Sclera Conjunctiva	
MOUTH: Throat Tongue Tonsils	
NOSE: Obstruction Drainage	
NECK: Veins Mobility Thyroid Carotids Lymph nodes	
CHEST (BREASTS): Configuration Auscultation Respirations Cough/Sputum	
HEART: Auscultation Radial pulses Apical pulse Rhythm	
EXTREMITIES: Pulses Edema Joints	<input checked="" type="checkbox"/> <u>① 2nd toe amputation</u> <input checked="" type="checkbox"/> <u>② ankle ma</u>
SPINE	
REFLEXES	
ABDOMEN: Shape Bowel sounds Palpation Hernia	<input checked="" type="checkbox"/> <u>"liver pain"</u>
ANUS/RECTUM Hemorrhoids Anal warts	<input checked="" type="checkbox"/> <u>c/o rectal bleeding</u>
PELVIC	

VITAL SIGNS	
HT _____ WT _____ BP _____	
Pulse _____ Resp. _____ Temp. _____	
VISION (SNELLEN CHART)	GROSS HEARING
Rt: <u>20/20</u> with glasses	Rt: _____
Lt: <u>20/20</u> with glasses	Lt: _____
DENTAL SCREENING	
No. of missing teeth <u>23</u>	
Condition of teeth: poor <u>fair</u> good	
Condition of gums: poor <u>healthy</u> fair	
False teeth: partial <u>plate upper</u> lower	
Oral Hygiene instructions given: <input checked="" type="checkbox"/>	
IMMUNIZATION STATUS	
Date last Tetanus: <u>8-18-95</u>	
Other: _____	
TB SCREENING	
PPD:	
Date/Time administered: <u>8-18-95</u>	
Date/Time read: <u>8-21-95</u>	
Results (millimeters): <u>14mm</u>	
Referral for chest x-ray: <u>8-23-95</u>	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
LABORATORY TESTS	
RPR:	<u>NR</u> DATE OBTAINED <u>8-18-95</u>
G.C.:	_____
PAP:	<u>Awc</u> <u>8-18-95</u>
HIV:	_____
PREGNANCY TEST:	_____
OTHER:	_____
COMMENTS	
REFERRAL	
per c/o rectal bleeding	
Assessed by: <u>Wheeler</u>	
Date: <u>8-28-95</u>	Time: <u>6:06</u>
Physician Review: <u>my</u>	
Date: _____	Time: _____

EXHIBIT A.3

Prison Health Services

REFUSAL OF TREATMENT FORM

Institution: BCCFResident's Name: Adams, Anthony ID# 180127D.O.B. 04/05/56I, Anthony Adams
(Name of Inmate) have, this day, knowing that I have a condition

requiring medical care as indicated below:

- | | |
|---|---|
| <input type="checkbox"/> A. Refused medication. | <input type="checkbox"/> E. Refused X-Ray services. |
| <input type="checkbox"/> B. Refused dental care. | <input type="checkbox"/> F. Refused other diagnostic |
| <input type="checkbox"/> C. Refused an outside medical appointment. | <input type="checkbox"/> G. Refused physical exam |
| <input type="checkbox"/> D. Refused laboratory services. | <input checked="" type="checkbox"/> H. Other (Please specify) |

Missed 22 doses Zantac 150mg PO BID - Did not come to 5pm Pill CallReason For Refusal "Most of the time I don't think I hear it"Potential Consequences Explained Inmate at risk for gastroesophageal reflux, ulcers & gastroesophageal erosion

I acknowledge that I have been fully informed of and understand the above treatment recommendations and the risks involved in refusing them. I hereby release and agree to hold harmless the state, state authority, all correctional personnel, medical/health personnel from all responsibility and any ill effects which may result from this refusal and I shall personally assume responsibility for my welfare.

I have read this form and certify that I understand its contents.

[Signature]
Witness Signature

Witness Signature

03/03/04
Date

Anthony Adams
Patient Signature

1330
Time

NOTE: A refusal by the resident to sign requires the signatures of at least one witness in addition to that of the medical staff member.

EXHIBIT A.4

PE 8/18

**CORRECTIONAL MEDICAL SYSTEMS
HEALTH SERVICES REQUEST FORM**

Print Name: ANTHONY
Anthony L. Adams Date of Request: 8-18-95
ID #: 180-127 Date of Birth: 4/5/56 Housing Location: E-165
Nature of problem or request: Bad Liver Bad Heart Bleeding under
Hip Titus I need to have a tooth pulled

I consent to be treated by health staff for the condition described.

Anthony L. Adams
SIGNATURE

**PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA**

HEALTH CARE DOCUMENTATION

Subjective:

Objective: BP _____ P _____ R _____ T _____

8/21 Q - no show few sick - call for

Assessment:

Plan:

Refer to: _____ PA/Physician _____ Mental Health _____ Dental

Signature: _____ Title: _____ Date: _____ Time: _____

EXHIBIT A.5

PE

CORRECTIONAL MEDICAL SYSTEMS
HEALTH SERVICES REQUEST FORM

Print Name: ANTHONY L. ADAMS Date of Request: 24 / 95

ID #: 180127 Date of Birth: 4/5/56 Housing Location: W-9

Nature of problem or request: I CANT GET MEDICATION
For my ~~NERVES~~ NERVES I HAVE BLEEDING
ULCERS I SUFFER WITH A IRREGULAR HEART BEAT

I consent to be treated by health staff for the condition described.

Anthony L. Adams
SIGNATURE

PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA

HEALTH CARE DOCUMENTATION

Subjective:

Objective: BP _____ P _____ R _____ T _____

8/25/95 O- No show for sick call mje

Assessment:

Plan:

Refer to: _____ PA/Physician _____ Mental Health _____ Dental

Signature: _____ Title: _____ Date: _____ Time: _____

EXHIBIT A.6

CORRECTIONAL MEDICAL SERVICES
HEALTH SERVICES REQUEST FORM

Print Name: Anthony Adams Date of Request: 1/8/1996

ID #: 180127 Date of Birth: 4/5/56 Housing Location: D:1 B:37

Nature of problem or request: my ulcer have gotten real serious in having sharp pains in my chest gas and indigestion and heart Burn.

I consent to be treated by health staff for the condition described.

Anthony Adams
SIGNATURE

PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA

HEALTH CARE DOCUMENTATION

Subjective: I been suffering w/ ulcers for a long time!!

Objective: BP 118/80 P 80 R 20 T 96

Assessment: CO of constant indigestion & my stomach swells.

Plan: To see M.D.

Refer to: PA/Physician ☒ Mental Health ☐ Dental

Signature: L. Anderson Title: LPN Date: 2-8-96 Time: 1125

EXHIBIT A.7

CORRECTIONAL MEDICAL SERVICES
HEALTH SERVICES REQUEST FORM

Print Name: Anthony Adams Date of Request: 5/17/96
ID #: 180127 Date of Birth: 4/5/56 Housing Location: D: 2 B: 20
Nature of problem or request: I need to have my Tagamet
and my Medicines for my hymenote or Rectum

I consent to be treated by health staff for the condition described.

Anthony Adams
SIGNATURE

PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA

HEALTH CARE DOCUMENTATION

Subjective: "I need my meds renewed"

Objective: BP 128/80 P 80 R 20 T 96

Assessment: Denies CO of side effects, CO of
Burning sensation in stomach when not
Plan: taking Tagamet.

Renew. Mientex, & Tagamet. 05-17-1996

Refer to: ☐ PA/Physician ☐ Mental Health ☐ Dental

Signature: S. Anderson Title: LPR Date: 5-16-96 Time: 1115

EXHIBIT A.8

CORRECTIONAL MEDICAL SERVICES
HEALTH SERVICES REQUEST FORM

Print Name: Anthony Adams Date of Request: 5-29-02
 ID #: 180127 Date of Birth: 4/5/56 Housing Location: D:22 B:11
 Nature of problem or request: Im having problems
with my stomach ulcer I have pains
when I lay down every night. Its been going
on now for about two weeks.
 I consent to be treated by health staff for the condition described.

Anthony Adams
 SIGNATURE

PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
 DO NOT WRITE BELOW THIS AREA

HEALTH CARE DOCUMENTATION

Subjective: I have a liver cancer my stomach is sore I have stomach
 ulcer. I use to take tagament about 2 year ago. I'm not taking any medical
 now

Objective: BP 141/89 P 88 R 18 T 99.2 145

Assessment: Alteration in comfort RT stomach pain

Plan: Refer to Dr. Siddiq

Refer to: ☒ PA/Physician ☐ Mental Health ☐ Dental

Signature: Mary Scott Title: LPN Date: 5/29 Time: 11⁴⁵ / pm

EXHIBIT A.9



PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST

Print Name: ANTHONY L. ADAMS Date of Request: 3-26-07
ID # 180127 Date of Birth: 4/5/56 Location: K4-7B
Nature of problem or request: DOCTOR I WANT YOU TO GO
AHEAD AND SEND ME TO THE FREE WORLD HOSPITAL
BECAUSE ITS GOTTEN VERY HARD FOR ME TO
SWALLOW MY FOOD.

ANTHONY L. ADAMS

Signature

DO NOT WRITE BELOW THIS LINE

Date: / /
Time: AM PM
Allergies:

RECEIVED
Date: <u>03/26/07</u>
Time: <u>2:00</u>
Receiving Nurse Initials <u>C4</u>

(S)ubjective:

157

133

(O)bjective (V/S): T: P: R: BP: WT:

(A)ssessment:

(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

EXHIBIT A.10

DEPARTMENT OF CORRECTIONS
EMERGENCY/ Non-schedule TREATMENT RECORD
 (OTHER)

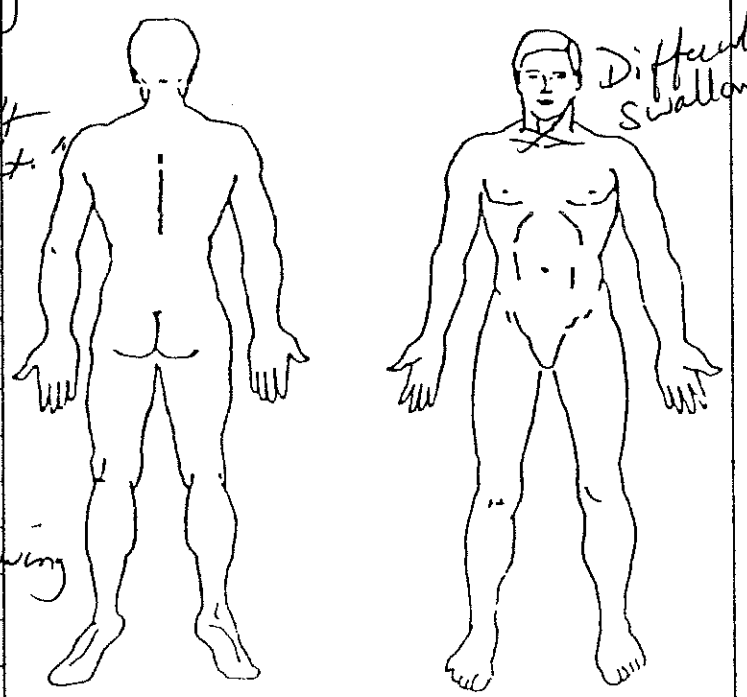
DATE 7-30-02 TIME 2135 ^{AM} _{PM}		FACILITY Bullock		<input type="checkbox"/> EMERGENCY	
		<input type="checkbox"/> SIR <input type="checkbox"/> PDL <input type="checkbox"/> ESCAPEE <input type="checkbox"/>		<input type="checkbox"/> OTHER	
ALLERGIES NKA			CONDITION ON ADMISSION <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA		
VITAL SIGNS: TEMP 98.6 ^{ORAL} _{RECTAL} RESP. 18 PULSE 82 B/P 110/82			RECHECK IF SYSTOLIC <100 > 50		
NATURE OF INJURY OR ILLNESS I have problems swallowing. I can't get water passed my esophagus without it coming back up. I haven't eaten anything since last night.			ABRASION/// <input type="checkbox"/> CONTUSION # <input type="checkbox"/> BURN ^{xx} _{xx} <input type="checkbox"/> FRACTURE ^Z _Z <input type="checkbox"/> LACERATION/ SUTURES <input type="checkbox"/>		
PHYSICAL EXAMINATION ① - BM ambulatory to HCU, Alert, oriented x3. Resp. rg and even. Skin W+D to touch. Complains of throat hurting, difficulty in swallowing and choking. Throat is red, pus pockets on back of throat. Tongue coated (white).					
ORDERS, MEDICATION, etc. A - Alteration in Comfort P - Notified Dr. Siddig @ 2138 ② See MD in AM on Wednesday,					
DIAGNOSIS					
INSTRUCTIONS TO PATIENT RTN to HCU if condition worsens					
RELEASE/TRANSFER DATE 7/30/02		TIME 2147 ^{AM} _{PM}		RELEASE/TRANSFERRED TO <input checked="" type="checkbox"/> DOC <input type="checkbox"/> AMBULANCE <input type="checkbox"/>	
NURSE'S SIGNATURE <i>[Signature]</i>		DATE		CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL	
PHYSICIAN'S SIGNATURE <i>[Signature]</i>		DATE		CONSULTATION	
PATIENT'S NAME (LAST, FIRST, MIDDLE) Adams, Anthony			AGE 46	DATE OF BIRTH 4/5/56	R/S BM
			AIS # 180127		

EXHIBIT A.11



PHYSICIANS' ORDERS

NAME:	DIAGNOSIS (If Chg'd)
D.O.B. / /	
ALLERGIES:	
Use Last Date / /	<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME:	DIAGNOSIS (If Chg'd)
D.O.B. / /	
ALLERGIES:	
Use Fourth Date / /	<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: Adams Anthony #180127 3/27/07 NKA	DIAGNOSIS (If Chg'd) Barium swallow
D.O.B. 12/1/67	
ALLERGIES:	
Use Third Date / /	<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: Adams Anthony #180127 3/27/07 NKA	DIAGNOSIS (If Chg'd) CBC / Magnesium II / HbA1c Zantac 150mg PO bid x 180 days
D.O.B. 12/1/67	
ALLERGIES:	
Use Second Date / /	<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: Adams, Anthony #180127 D.O.B. / / ALLERGIES: NKA	DIAGNOSIS Zantac 150mg $\frac{1}{2}$ po BID x 180 da
Use First Date 11/15/06	<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED

EXHIBIT A.12

Bullock County Hospital

102 W. Conecuh Ave.
Union Springs AL36089
334-738-2140 FAX: 334-738-1496

PATIENT NAME: ADAMS, ANTHONY

DATE OF BIRTH: 4-05-1956

MRN: 31461

ACCOUNT NUMBER:

EXAM DATE: 4-10-2007

ORDERING PHYSICIAN: Siddiq, Tahir

PRIMARY CARE PHYSICIAN:

ACCESSION NUMBER: A163586

PATIENT LOCATION: OUTPATIENT

FLOOR/ROOM:

EXAM DESCRIPTION: RF BARIUM SWALLOW

HISTORY: Dysphagia.

TECHNIQUE: Air-contrast barium swallow was performed utilizing granules, a thick weight barium solution and a thin weight barium solution.

FINDINGS: Patient was administered barium in the usual fashion. There is a normal swallowing mechanism without evidence of aspiration.

Evaluation of the esophagus demonstrates normal primary stripping wave and peristalsis. No esophageal masses, strictures, or ulcerations are noted. No extrinsic compression is identified. No gastroesophageal reflux was visualized.

IMPRESSION:

NEGATIVE BARIUM SWALLOW.

Procedure performed by Barry Waller, RPA under the supervision of an RSI radiologist.

Dictated and Electronically Signed: Raja P. Reddy, MD RSI Staff Radiologist
4-11-2007 12:28 pm Turnaround: 21 Hrs 7 Minutes

Transcribed: 9999&<None>^^20070411121018137 4-11-2007 12:28

EXHIBIT A.13

Bullock County Hospital

102 W. Conecuh Ave.
Union Springs AL36089
334-738-2140 FAX: 334-738-1496

PATIENT NAME: ADAMS, ANTHONY
DATE OF BIRTH: 4-05-1956
MRN: 31461
ACCOUNT NUMBER:
EXAM DATE: 4-10-2007

ORDERING PHYSICIAN: Siddiq, Tahir
PRIMARY CARE PHYSICIAN:
ACCESSION NUMBER: 115937
PATIENT LOCATION: OUTPATIENT
FLOOR/ROOM:

EXAM DESCRIPTION: RF UGI SERIES

HISTORY: Abdominal pain, dysphagia.

AIR-CONTRAST UPPER GI

TECHNIQUE: Air-contrast upper GI was performed utilizing granules, a thick weight barium solution and a thin weight barium solution.

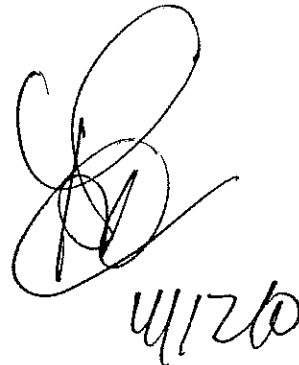
FINDINGS: All consistencies were ingested without aspiration complications. The esophagus exhibited normal distensibility and peristalsis. A normal mucosal pattern is appreciated without evidence for stricture or abnormal extrinsic impression. No gastroesophageal reflux was demonstrated.

Evaluation of the stomach reveals normal distensibility, peristalsis and the mucosal pattern. No mass lesion, polyp or ulcer is identified. The stomach empties readily into a normal bulb and duodenum. The ligament of Treitz is in normal position. No ulcerative process identified.

IMPRESSION:
NORMAL UPPER GI SERIES.

This procedure was performed by Barry Waller, RPA under the supervision of an RSI radiologist.

Dictated and Electronically Signed: Raja P. Reddy, MD RSI Staff Radiologist
4-11-2007 12:30 pm Turnaround: 20 Hrs 46 Minutes



4/12/07

Facility Name: BCCF

Zantac 150mg \pm po
bid x 180 days

Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
1100																														
1700																														

Start Date: 11-16-06

Prescriber: Siddig

Stop Date: 5-14-07

RX #:

Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30

Start Date:

Prescriber:

Stop Date:

RX #:

Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30

Start Date:

Prescriber:

Stop Date:

RX #:

Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30

Start Date:

Prescriber:

Stop Date:

RX #:

Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30

Start Date:

Prescriber:

Stop Date:

RX #:

Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30

Start Date:

Prescriber:

Stop Date:

RX #:

Diagnosis	Nurse's Signature	Initial	Nurse's Signature	Initial	Documentation Codes
Allergies	A. Shrice, RN	SH	D. Lerman, RN	DL	1. Discontinued Order
NKA	J. Massey, RN	JM	C. James, RN	CJ	2. Refused
Housing Unit:	P. Franzen, LPN	PF	R. 180, 42		3. Patient out of facility
Patient ID Number: 180127					4. Charted in Error
Patient Name: Anderson, Anthony					5. Lock Down
					6. Self Administered
					7. Medication out of Stock
					8. Medication Held
					9. No Show
					10. Other

EXHIBIT A.14

PRISON HEALTH SERVICES
Alabama Department of Corrections
KOP Medication Protocol

The KOP program will allow specific inmates to keep certain kinds of medications on their possession. If they are caught selling, trading, or not taking the medication correctly, they will be removed from the list and face possible disciplinary actions. The KOP medications will include formulary medications.

1. The inmate will have in his possession the medication in blister pack. The inmate should take the medication as directed on the package sticker.
2. The inmate is to bring the package to the infirmary when he gets down to the reorder row of pills so the nursing staff can pull the sticker off the card and reorder. If the inmate waits until they have finished the last row of pills before coming to the nurse, they are likely to run out before their order comes in. The card will be checked at this time against the MAR to determine if the number of pills remaining is accurate (not too many left, not too few). This will be noted by looking at the date the card was given. Each inmate is responsible for keeping their medication in a secure area. We will not be responsible for stolen medications.
3. When the inmate receives their card of medication, usually #30 tabs per card, they should pop them out in numerical order, i.e. #30, #29, etc.
4. In order to be eligible for KOP, the inmate must have a good history of compliance and voice understanding of how this system works. They will not be eligible if their medication is insulin or a psychotropic medication, or has been known to be non-complaint in the past. The inmate will be required to come to the infirmary and sign a KOP agreement that we have formulated. At this time the staff will explain the procedure to the inmate and document that the information was explained and the individual can again sign that the program has been explained in its entirety.
5. Once we have established the program, others will be free to request to be placed on KOP. If research finds that he will qualify, we will repeat the above with this individual.
6. We will not place just anyone on KOP. The individual must have past history evaluated first.
7. Inmates may be requested to present for a medication check at any time to see that the correct number of pills are accounted for. The Medical Staff will be doing random checks for compliance.
8. The inmate holds harmless PHS and its healthcare providers for incidents that may result from the inmate taking medication improperly, exchanging the medicine with other inmates, and consuming drugs/medication provided by other individuals that result in drug interactions.

Inmate Signature: Anthony L. Adams

AIS#: 180129

Nurse Signature: Wm. L. L. L.

Date: 3-22-07

EXHIBIT B

IN THE DISTRICT COURT OF THE UNITED STATES
FOR THE MIDDLE DISTRICT OF ALABAMA
NORTHERN DIVISION

ANTHONY ADAMS, AIS #180127

*

*

Plaintiff,

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V.

2:07-CV-351-MEF

*

PRISON HEALTH SERVICES, et al.,

*

Defendants.

*

AFFIDAVIT OF TAHIR SIDDIQ, M.D.

BEFORE ME, Lance C Anthony notary public in and for said County and State, personally appeared **TAHIR SIDDIQ, M.D.**, and being duly sworn, deposed and says on oath that the averments contained in the foregoing are true to the best of his ability, information, knowledge and belief, as follows:

“My name is Tahir Siddiq. I am a medical doctor and am over twenty-one years of age. I am personally familiar with all of the facts set forth in this affidavit. I have been licensed as a physician in Alabama since 1996, and have been board certified in internal medicine since 1996. I have served as the Medical Director for Bullock Correctional Facility in Union Springs, Alabama, since 1997. Since November 3, 2003, my employment at Bullock Correctional Facility has been with Prison Health Services, Inc. (“PHS”), the company which currently contracts with the Alabama Department of Corrections to provide medical services to inmates.

Anthony Adams (AIS # 180127) is currently incarcerated as an inmate at Bullock Correctional Facility. I am familiar with Mr. Adams’ medical history and conditions, and

have seen and evaluated him as a patient on numerous occasions. I have also reviewed Mr. Adams' medical records, certified copies of which are being produced to the Court along with this Affidavit.

Mr. Adams has been seen and evaluated by the medical and nursing staff, and has been referred to an appropriate care provider and given appropriate care, each time he has registered any health complaints at Bullock. Mr. Adams is enrolled in the Chronic Care Clinic for symptoms related to an ulcer, where he has been regularly seen and evaluated and has had follow-up appointments. He also has a psychiatric history with a prior diagnosis of Schizophrenia, but this has not been verified.

Mr. Adams has been seen in the health care unit at Bullock with complaints of throwing up blood, difficulty swallowing and gastric reflux. He has been diagnosed with hemorrhoids, constipation, Gastritis and Gastro Esophageal Reflux Disease (GERDS). He also has a history significant for a peptic ulcer. He has been prescribed Annusol and Zantac for these conditions. A Barium Swallow was ordered and performed on April 10, 2007 and it was negative. An Upper GI Series was also performed on April 10th and it was normal.

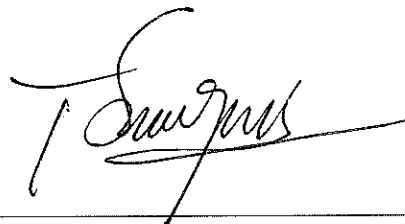
Mr. Adams has continued to receive appropriate treatment for his complaints related to his Gastro Esophageal Reflux Disease and this treatment remains available to him. He has been treated each time he raised any health complaints.

Based on my review of Mr. Adams' medical records, and on my personal knowledge of the treatment provided to him, it is my medical opinion that all of his medical conditions and complaints have been evaluated in a timely fashion at Bullock Correctional facility, and that his diagnosed conditions have been treated in a timely and

appropriate fashion. At all times, he has received appropriate medical treatment for his health conditions at Bullock. At no time has he been denied any needed medical treatment. In other words, it is my opinion that the appropriate standard of care has been adhered to at all times in providing medical care, evaluation, and treatment to this inmate.

At no time have I, or any of the medical or nursing staff at Bullock Correctional Facility, denied Mr. Adams any needed medical treatment, nor have we ever acted with deliberate indifference to any serious medical need of Mr. Adams. At all times, Mr. Adams' known medical complaints and conditions have been addressed as promptly as possible under the circumstances."

Further affiant sayith not.



TAHIR SIDDIQ, M.D.

STATE OF ALABAMA)

COUNTY OF Bullock)

I, Lance C. Anthony, a Notary Public in and for said State and County, hereby certify that TAHIR SIDDIQ, M.D. who being known to me and who being duly sworn, and whose name is signed to the foregoing document, acknowledged before me on this date that being first informed of the contents of said document, having read the same, and understanding its purpose and effect, voluntarily executed the same upon the above-stated date.

SWORN TO and SUBSCRIBED BEFORE ME on this the 24th day of May, 2007.



NOTARY PUBLIC

My Commission Expires: _____

NOTARY PUBLIC STATE OF ALABAMA AT LARGE
MY COMMISSION EXPIRES: Apr 4, 2011

(NOTARIAL SEAL)

EXHIBIT C

IN THE DISTRICT COURT OF THE UNITED STATES
FOR THE MIDDLE DISTRICT OF ALABAMA
NORTHERN DIVISION

ANTHONY ADAMS, (AIS #180127),

*

*

Plaintiff,

*

V.

2:07-CV-351-MEF

*

PRISON HEALTH SERVICES, et al.

*

Defendants.

*

AFFIDAVIT OF BRANDEE PLAYER, H.S.A.

BEFORE ME, Justine B. Person a notary public in and for said County and State, personally appeared **BRANDEE PLAYER, H.S.A.**, and being duly sworn, deposed and says on oath that the averments contained in the foregoing are true to the best of her ability, information, knowledge and belief, as follows:

“My name is Brandee Player. I am over the age of twenty-one and am personally familiar with all of the facts set forth in this Affidavit. I hold a Master’s Degree in Health Services Administration from Barry University in Miami Shore, Florida. I have worked as the Prison Health Administrator at Bullock County Correctional Facility in Union Springs, Alabama, since November 6, 2006. Since this date, I have been employed as the Health Service Administrator (H.S.A.) for Bullock County Correctional Facility by Prison Health Services, Inc., the company which currently contracts with the Alabama Department of Corrections to provide medical services to inmates.

Prison Health Services, Inc. (PHS) has established a simple two-step procedure for identifying and addressing inmate grievances at Bullock Correctional Facility. If an inmate has a grievance regarding a healthcare issue he must submit to the healthcare unit an "Inmate Informal Grievance" form. These are standard forms that may be acquired in the healthcare unit or from an inmate's supervising officer in his dormitory. The informal grievance allows an inmate to communicate any healthcare related concern by placing the form in the medical services complaint box or mailbox to be forwarded to the healthcare unit. I subsequently review the concern and respond via in house mail.

If the inmate is unsatisfied with my response, he may request an "Inmate Grievance Appeal" form from the healthcare unit. This form allows an inmate to again voice his concerns relating to the healthcare issue addressed with the informal grievance form. After the inmate has submitted the grievance appeal, I will meet with him face-to-face in a final attempt to address his concerns verbally.

It is my understanding that Anthony Adams has filed suit in this matter alleging that PHS has failed to provide him with appropriate medical care. However, Mr. Adams has failed to exhaust Bullock's informal grievance procedure relating to the receipt of medical care for this alleged condition. Specifically, Mr. Adams has not submitted all appropriate and required forms. As such, the healthcare unit at Bullock County Correctional Facility has not been afforded the opportunity to resolve Mr. Adams' medical complaints prior to filing suit.

Further affiant sayeth not.



BRANDEE PLAYER, H.S.A.

STATE OF ALABAMA)
COUNTY OF Bullock)

Sworn to and subscribed before me on this the 11th day of
May, 2007.

Justin B. Perry
Notary Public

My Commission Expires:

2/24/2009